

PAPSON LEGAL – NEW UNIT TRUST

ORDER INFORMATION

Name of Firm: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Tick this box if you would like the documentation in hard copy (we will charge a small postage disbursement on top of our usual fee)

Tick this box if you would like us to invoice the fund's trustee

TRUST INFORMATION

Name of Trust: _____

TRUSTEE INFORMATION

Please complete the trustee information below for **either** a corporate trustee or individual trustees

CORPORATE TRUSTEE

Have you ordered a company from Papson Legal to be trustee? If **yes**, then check this box and provide us with the details on the company order form.

If **not**, then please complete the details below.

Company Name: _____

Company ACN: _____

Registered Address of Company: _____

Names of Directors:

Director 1		Director 2	
Director 3		Director 4	

OR INDIVIDUAL TRUSTEES

Full Name and Home Address of Trustee 1:

Full Name and Home Address of Trustee 2:

Full Name and Home Address of Trustee 3:

Full Name and Home Address of Trustee 4:

UNITHOLDER INFORMATION

Please supply the names and addresses and unit details of all unitholders. If unitholders are companies, trusts or other entities, please also indicate this below.

Unitholder 1 –list name and address below. Check this box if unitholder is trustee of a trust/SMSF

Number of Units _____ Cost per Unit (usually \$1): _____ Fully Paid: Y or amount ___

Check this box if unitholder is trustee of a trust/SMSF . If so, please list details above.

Unitholder 2 –list name and address below. Check this box if unitholder is trustee of a trust/SMSF

Number of Units _____ Cost per Unit (usually \$1): _____ Fully Paid: Y or amount ___

Unitholder 3 –list name and address below. Check this box if unitholder is trustee of a trust/SMSF

Number of Units _____ Cost per Unit (usually \$1): _____ Fully Paid: Y or amount ___

Check this box if unitholder is trustee of a trust/SMSF . If so, please list details above.

Unitholder 4 –list name and address below.

Number of Units _____ Cost per Unit (usually \$1): _____ Fully Paid: Y or amount ____

Check this box if unitholder is trustee of a trust/SMSF . If so, please list details above.

ADDITIONAL INSTRUCTIONS

Are there any additional instructions with this order? _____

Once you have completed this form, please return it to Papson Legal by post (PO Box 1147, Armadale North, Victoria 3143) or email legal@papsonlegal.com.au. Please contact our office on (03) 9078 4430 or email us if you require further assistance.