



THE COMPANY PEOPLE PTY LTD Tel: 1800 039 061 Website: www.thecompanypeople.com.au	L2 / 222 La Trobe St, Melbourne, 3000 Fax: 1800 633 644 email: admin@thecompanypeople.com.au
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FIRM/PERSON PLACING ORDER

Firm Name: _____ **Contact Name:** _____

Address: _____

Phone: _____ **Fax:** _____

Desired Name of Trust _____

State/Territory of jurisdiction _____

FIRST TRUSTEE(S)

Name of first Trustee _____

(IF COMPANY INCLUDE A.C.N. NO.)

Registered Office/residential address _____

SECOND TRUSTEE (If any)

Name of second Trustee _____

Registered Office/residential address _____

***SETTLOR**

Full name _____

Settled Sum \$ _____

Address _____

*** Settlor cannot benefit from the Trust**

APPOINTER

Full name _____

GUARDIAN

Full name _____

SPECIFIED BENEFICIARIES

ADDITIONAL GENERAL BENEFICIARIES

1 **Full name** _____

1 **Full name** _____

2 **Full name** _____

2 **Full name** _____

3 **Full name** _____

3 **Full name** _____

4 **Full name** _____

4 **Full name** _____

SPECIFIC EXCLUSION OF ANY BENEFICIARY: YES/NO

IF YES PLEASE STATE NAME(S): _____

IS THERE TO BE ANY LIMITATION ON THE AMOUNT OR PERCENTAGE OF INCOME AND/OR CAPITAL THAT CAN BE PAID TO ANY ONE BENEFICIARY? . YES / NO

IF YES PLEASE STATE NAME AND INDICATE INCOME AND/OR CAPITAL PERCENTAGE:

If there is insufficient space provided, please photocopy and submit as part of your order.

FAMILY TRUST ORDER FORM – Page 2 of 2

SURVEY DETAILS

This is my first purchase from ‘The Company People Pty Ltd.’ ? : **YES / NO**

If ‘YES’:

I found ‘The Company People Pty Ltd.’ Via ? : (please circle one)

<u>Internet Search:</u>	Google	<u>Non Internet Search:</u>	Yellow Pages
	NineMSN		White Pages
	Yahoo		Mailout Letter
	F2		Word of Mouth
	Sensis		Other
	Yellow Pages Online	If ‘Other’ please specify: _____	
	White Pages Online		

CONFIRMATION OF ORDER AND PAYMENT DETAILS

I, (print name)
 confirm that the persons/corporations named above have consented to act in the capacity shown.
 Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment.
I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ _____ for this purchase to the following credit card account:
 Bankcard Mastercard Visa

Card Number | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | Expiry Date...../.....

Cardholder name.....

Address.....

Authorised Signatory*

* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).