



THE COMPANY PEOPLE PTY LTD	L1, 50-58 MOORABOOL STREET GEELONG VICTORIA 3220
Tel: 1800 039 061	Fax: 1800 633 644
Website: www.thecompanypeople.com.au	email: admin@thecompanypeople.com.au

FIRM/PERSON PLACING ORDER	
Firm Name:	Contact Name:
Address:	
Phone:	Fax:

Desired Name of SUPER FUND _____

***FIRST TRUSTEE(S)**

Name of first Trustee _____
 (IF COMPANY INCLUDE A.C.N. NO.)
Registered Office/residential address _____

SECOND TRUSTEE

****If personal Trustees minimum of 2 required**
Name of second Trustee _____
Registered Office/residential address _____

NOTE:

All Members must either be Directors of the Trustee Company or they must act as Personal Trustees

***If Corporate Trustee, Fund may be a Lump Sum or Pension Fund**

****If personal Trustees, Fund will be a Pension Fund.**

MEMBERS

1. Full name of Member _____
Residential address _____

2. Full name of Member _____
Residential address _____

3. Full name of Member _____
Residential address _____

4. Full name of Member _____
Residential address _____

SUPERANNUATION 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	▼	
	White Pages Online	If ‘Other’ please specify: _____	

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).