



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 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	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).