

To: Shelcom Corporate Services  
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204  
📧 companies@shelcom.com.au

### HYBRID TRUST ORDER FORM

From: Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at [www.shelcom.com.au/trading-terms](http://www.shelcom.com.au/trading-terms). By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

Name of Deed: \_\_\_\_\_  
Date of Deed: \_\_\_\_\_

Company Folder:  Shelcom Folder  Manilla Spring Transfer File  Client Supplied Folder  
Binding:  Comb Binding  Heat Seal

#### TRUSTEE

##### Individual

(a) Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(b) Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

##### Company

Company Name: \_\_\_\_\_  
A.C.N.: \_\_\_\_\_  
Registered Office: \_\_\_\_\_  
\_\_\_\_\_  
Director(s) \_\_\_\_\_  
\_\_\_\_\_

Does company have a common seal:  Yes  No  
If Yes, will it execute Deed under seal:  Yes  No

**SPECIFIED BENEFICIARIES**

(eg Husband and/or wife)

(a) Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(b) Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**UNIT HOLDERS**

(a)  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names  A.C.N.: \_\_\_\_\_

Address  Registered Office: \_\_\_\_\_  
\_\_\_\_\_

Occupation (if individual) \_\_\_\_\_

Director(s) Names: \_\_\_\_\_  
\_\_\_\_\_

Does company have common seal:  Yes  No

If Yes, will it execute Deed under Seal:  Yes  No

Number of Units to be taken: \_\_\_\_\_

Class of Units to be taken: \_\_\_\_\_

Value of Units to be taken: \_\_\_\_\_

If acting as Trustee of a Trust, Name of Trust: \_\_\_\_\_

(b)  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names  A.C.N.: \_\_\_\_\_

Address  Registered Office: \_\_\_\_\_  
\_\_\_\_\_

Occupation (if individual) \_\_\_\_\_

Director(s) Names: \_\_\_\_\_  
\_\_\_\_\_

Does company have common seal:  Yes  No

If Yes, will it execute Deed under Seal:  Yes  No

Number of Units to be taken: \_\_\_\_\_

Class of Units to be taken: \_\_\_\_\_

Value of Units to be taken: \_\_\_\_\_

If acting as Trustee of a Trust, Name of Trust: \_\_\_\_\_

(c)  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N.: \_\_\_\_\_  
 Address  Registered Office: \_\_\_\_\_  
\_\_\_\_\_  
Occupation (if individual) \_\_\_\_\_  
Director(s) Names: \_\_\_\_\_  
Does company have common seal:  Yes  No  
If Yes, will it execute Deed under Seal:  Yes  No  
Number of Units to be taken: \_\_\_\_\_  
Class of Units to be taken: \_\_\_\_\_  
Value of Units to be taken: \_\_\_\_\_  
If acting as Trustee of a Trust, Name of Trust: \_\_\_\_\_

(d)  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N.: \_\_\_\_\_  
 Address  Registered Office: \_\_\_\_\_  
\_\_\_\_\_  
Occupation (if individual) \_\_\_\_\_  
Director(s) Names: \_\_\_\_\_  
Does company have common seal:  Yes  No  
If Yes, will it execute Deed under Seal:  Yes  No  
Number of Units to be taken: \_\_\_\_\_  
Class of Units to be taken: \_\_\_\_\_  
Value of Units to be taken: \_\_\_\_\_  
If acting as Trustee of a Trust, Name of Trust: \_\_\_\_\_

**PAYMENT DETAILS:**

**Credit Card:**

Visa  Mastercard  Bankcard  AMEX  Diners

Card Number:

Card Holder: \_\_\_\_\_

Expiry Date   /

Card Holders Signature \_\_\_\_\_

**Direct Debit:**

BSB: 063 303  
Account No: 1004 9522

Please quote Invoice No. or company name as reference.