

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

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

**FAMILY/DISCRETIONARY TRUST
ORDER FORM**

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.

Name of Deed: _____
Date of Deed _____
Settlement Sum: \$ _____

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

TRUSTEE

Individual

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

Company

Company Name: _____
A.C.N.: _____
Registered Office: _____

Directors: _____

SETTLOR

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

Occupation _____

APPOINTER

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

PRINCIPAL/SPECIFIED BENEFICIARIES

(Eg: Husband and wife)

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

ADDITIONAL BENEFICIARIES

(Example of standard clause: All present and future children, grandchildren, parents and relatives of the principal beneficiaries)

Surname: _____

Given Names: _____

Address: _____

Surname: _____

Given Names: _____

Address: _____

GUARDIAN

(a) One spouse and following death the surviving spouse and then the legal personal representative of such surviving spouse (eg Husband and then followed by wife)

(b) Both spouses and upon the death of one of them, the survivor and thereafter the legal personal representatives of the survivor (eg Jointly)

(c) One spouse and after his or her death, his or her legal personal representatives

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.