

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: _____

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: _____

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.