

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

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

**UNIT TRUST (BY ALLOTMENT)  
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.*

What Accounting package do you use:     CAS     Prime     Solution 6    Other: \_\_\_\_\_

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

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

**TRUSTEE**

**Individual**

Surname:             Mr    Mrs    Ms    Miss    \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Company**

Company Name: \_\_\_\_\_  
A.C.N.: \_\_\_\_\_  
Registered Office: \_\_\_\_\_  
Directors: \_\_\_\_\_

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

**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: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_

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.