

# THE COMPANY PEOPLE

<b>THE COMPANY PEOPLE PTY LTD</b>	<b>Level 1, 5 Castles Drive TORQUAY Victoria 3228</b>
<i>Tel: 1800 039 061</i>	<i>Fax: 1800 633 644</i>
Website: <a href="http://www.thecompanypeople.com.au">www.thecompanypeople.com.au</a>	email: <a href="mailto:admin@thecompanypeople.com.au">admin@thecompanypeople.com.au</a>

<b>FIRM/PERSON PLACING ORDER</b>	
<b>Firm Name:</b>	<b>Contact Name:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>

**Desired Name of Trust** \_\_\_\_\_

**State/Territory of jurisdiction** \_\_\_\_\_

**FIRST TRUSTEE(S)**

**Name of first Trustee** \_\_\_\_\_

(IF COMPANY INCLUDE A.C.N. NO.)

**Registered Office/residential address** \_\_\_\_\_

**SECOND TRUSTEE (If any)**

**Name of second Trustee** \_\_\_\_\_

**Registered Office/residential address** \_\_\_\_\_

**\*SETTLOR**

**Full name** \_\_\_\_\_

**Settled Sum \$** \_\_\_\_\_

**Address** \_\_\_\_\_

**\* Settlor cannot benefit from the Trust**

**APPOINTER**

**Full name** \_\_\_\_\_

**GUARDIAN**

**Full name** \_\_\_\_\_

**SPECIFIED BENEFICIARIES**

**ADDITIONAL GENERAL BENEFICIARIES**

1 **Full name** \_\_\_\_\_

1 **Full name** \_\_\_\_\_

2 **Full name** \_\_\_\_\_

2 **Full name** \_\_\_\_\_

3 **Full name** \_\_\_\_\_

3 **Full name** \_\_\_\_\_

4 **Full name** \_\_\_\_\_

4 **Full name** \_\_\_\_\_

**ARE FOREIGN PERSONS TO BE EXCLUDED FROM BEING BENEFICIARIES ? : YES/NO**

**ARE THERE ANY NAMED EXCLUDED BENEFICIARIES ? : YES/NO**

**IF YES PLEASE STATE NAME(S):** \_\_\_\_\_

\_\_\_\_\_

**If there is insufficient space provided, please photocopy and submit as part of your order.**

Price \$363.00 (Inc. GST – Excl. State Stamp Duty)

**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:  
 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).