

**THE COMPANY PEOPLE**  
UNIT TRUST ORDER FORM Page 1

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

**Unit Trust Type** **Standard / Fixed / Hybrid / Multi Class**

**Desired Name of Unit 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** \_\_\_\_\_

**UNITHOLDERS**  
**Full name of Unit Holder** \_\_\_\_\_  
(IF COMPANY INCLUDE A.C.N. NO.)  
**Registered Office/residential address** \_\_\_\_\_  
**No./Class of units if Multi Class** \_\_\_\_\_

**Full name of Unit Holder** \_\_\_\_\_  
(IF COMPANY INCLUDE A.C.N. NO.)  
**Registered Office/residential address** \_\_\_\_\_  
**No./Class of units if Multi Class** \_\_\_\_\_

**Full name of Unit Holder** \_\_\_\_\_  
(IF COMPANY INCLUDE A.C.N. NO.)  
**Registered Office/residential address** \_\_\_\_\_  
**No./Class of units if Multi Class** \_\_\_\_\_

**Full name of Unit Holder** \_\_\_\_\_  
(IF COMPANY INCLUDE A.C.N. NO.)  
**Registered Office/residential address** \_\_\_\_\_  
**No./Class of units if Multi Class** \_\_\_\_\_

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

