THE COMPANY PEOPLE

REPLACEMENT SUPERANNUATION FUND ORDER FORM – Page 1 of 2

THE COMPANY PEOPLE PTY LTD

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Website: www.thecompanypeople.com.au

Level 1, 5 Castles Drive TORQUAY Victoria 3228

Fax: 1800 633 644

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FIRM/PERSON PLACING ORDER Firm Name:	Contact Name:
Address:	
Phone:	Fax:
Name of SUPER FUND	
Original Date of Super Fund	
FIRST TRUSTEE(S) Name of first Trustee (IF COMPANY INCLUDE A.C.N. NO.) Registered Office/residential address	
SECOND TRUSTEE **If personal Trustees minimum of 2 requir Name of second Trustee	ed
Registered Office/residential address	
NOTE: All Members must either be Dire Personal Trustees	ectors of the Trustee Company or they must act as
<u>MEMBERS</u>	
1. Full name of Member	
Residential address	
2. Full name of Member	
Residential address	
3. Full name of Member	
Residential address	
4. Full name of Member	
Residential address	

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PRICE \$363.00 (Inc GST)

Confirmation of order and Payment Details

					s named above have conseill be as indicated below:	ented	
	Cheque enclosed	d \$					
	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 purchas Mastercard	e to the following (credit card account: Visa		
Card I	Number				Expiry Date/		
Cardh	older name						
Addre	ess						
		y*credit card - signator			t on trading account		

* If payment is by credit card - signatory <u>must</u> 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).