

**New Company & Superannuation Fund Instructions  
(with a new Corporate Trustee to be registered)**

To CST Corporate Solutions Pty Ltd. You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereunder. In consideration for you acting as our agent, we shall pay you such amount as agreed.

**Fund Name:** .....

**State of Incorporation/SMSF:** .....

**Date of Documents:**  Leave undated  Today's date  Future date .....(enter date)

**Register Type:**  Normal (1" spine)  Wide (1.5" spine)  Combine company and SMSF  PDF Only

**CORPORATE TRUSTEE**

Name of Trustee: .....

Please register as a Special Purpose Company:  Yes /  No

Registered Office: .....  
(leave blank if C/- Applicant)

Town: ..... State ..... Postcode .....

Occupiers Name: ..... (Occupier of registered office where company doesn't occupy)

Principal Place of Business: .....  
(leave blank if reg'd office)

Town: ..... State ..... Postcode .....

**MEMBERS/DIRECTORS/INDIVIDUAL TRUSTEES DETAILS**

Name: ..... D.O.B. ....

Address: .....

Town: ..... State ..... Postcode .....

Place of Birth (Town/State/Country): .....

I hereby consent to act as a director  secretary  shareholder  **Leave address blank**

**If same as principal place of**

..... (Signature) **Business as shown above**

Name: ..... D.O.B. ....

Address: .....

Town: ..... State ..... Postcode .....

Place of Birth (Town/State/Country): .....

I hereby consent to act as a director  secretary  shareholder  **Leave address blank**

**If same as principal place of**

..... (Signature) **Business as shown above**

Is this person a member of the fund?  Yes  No (A single member fund may have two trustees/directors of trustee)

Name: ..... D.O.B. ....

Address: .....

Town: ..... State ..... Postcode .....

Place of Birth (Town/State/Country): .....

I hereby consent to act as a director  secretary  shareholder  **Leave address blank**

..... (Signature) **If same as principal place of Business as shown above**

Name: ..... D.O.B. ....

Address: .....

Town: ..... State ..... Postcode .....

Place of Birth (Town/State/Country): .....

I hereby consent to act as a director  secretary  shareholder  **Leave address blank**

..... (Signature) **If same as principal place of Business as shown above**

**Applicant Details:**

Firm Name: .....

Contact Person: ..... Phone: .....

Postal Add: ..... Fax: .....

Street Add: .....

Email Address: .....

Please Deliver to:  Street Address  Other: .....

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: ..... date: .....

**Payment Details:**  Chq Encl.  Chq in Mail  Direct Deposit

or Charge our Credit Card:  Visa  Mastercard Amount: .....

Card Number: ..... Expiry Date: .....

name of cardholder ..... signature .....

Please complete the members details and fax or post this form to:

**CST Corporate Solutions  
Locked Bag 5009  
Narellan NSW 2567**

**Fax: 1-300 554 322**

or save it and email it to:

**Orders@cst.com.au**