

Unit Trust Instructions

Name of Trust:

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

Register Type: Normal (1" spine) Wide (1.5" spine) Combine with company register PDF Only

Is this a NSW Land Tax Unit Trust SMSF In House Asset Trust

APPLICANT DETAILS

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

TRUSTEE DETAILS

Name of Trustee:

A.C.N. or 2nd Trustee:

Address: C/- Applicant or

Town: State: Postcode:

Directors (Chairman first)

UNITHOLDERS DETAILS

Name of Unitholder:

ACN or Joint Unitholder:

as trustee for:

Address: C/- Applicant or

Town: State: Postcode:

Directors (Chairman first)

Number of Units

Unit Trust Additional instructions for

Please note that stamp duty is payable on the value of the initial units and accordingly you should settle the trust with a minimum value of units. If you require further capital then you should issue further units at a later date.

Name of Unitholder:

ACN or Joint Unitholder:

as trustee for:

Address: C/- Applicant or

Town: State: Postcode:

Directors (Chairman first)

Number of Units

Name of Unitholder:

ACN or Joint Unitholder:

as trustee for:

Address: C/- Applicant or

Town: State: Postcode:

Directors (Chairman first)

Number of Units

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Directors (Chairman first)

Number of Units

Name of Unitholder:

ACN or Joint Unitholder:

as trustee for:

Address: C/- Applicant or

Town: State: Postcode:

Directors (Chairman first)

Number of Units

ADDITIONAL INSTRUCTIONS

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