



FREECALL 1800 773 477

## DECLARATION OF TRUST ORDER FORM

NAME: .....

FIRM: .....

PHONE: .....

E-MAIL: .....

### COMPANY OR TRUST DETAILS

Company/Trust Name .....

Trust Trustee/s Names  
*(if applicable)* .....

ACN .....

*(if Trustee is Company)* .....

Reg Office/Trustee Address .....

Date of Declaration .....

### TRUSTEE (Non Beneficial owner)

Full Name/s .....

*(Trust and Trustee details if applicable)*

Street Address .....

Names of ALL Directors  
*(if Company)* .....

Number of Shares/Units Held .....

Class of Shares/Units .....

Consideration Per Share/Unit \$ .....

### BENEFICIARY (Beneficial owner)

Full Name .....

*(Trust and Trustee details if applicable)*

Street Address .....

Names of ALL Directors  
*(if Company)* .....

**PAYMENT DETAILS:** Please debit the following card details by the amount of \$ 110.00 (inc GST)

TYPE OF CARD: Visa  Mastercard  \*Diners Club  \*Amex  \* 3% surcharge applies.

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please return this Form on FREEFAX 1800 655 556 or call with any queries.