



CST Corporate Solutions Pty Ltd

ABN 83 096 444 478
Locked Bag 5009, Narellan NSW 2567
Telephone: 1-300 554 321
Facsimile: 1-300 554 322

SUPERANNUATION FUND INSTRUCTIONS (with a new Corporate Trustee to be registered)

Use this order form when you would like to register a Superannuation Fund AND the Corporate Trustee. If the corporate trustee already exists then use our normal Superannuation Funds Instructions form

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:

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

CORPORATE TRUSTEE

Name of Trustee:

A.C.N. please incorporate the corporate trustee

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 of the company **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 of the company **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 of the company **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 of the company **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: tick for PDF Only, No Register

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