



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

APPLICANT DETAILS

Applicant Details:

Customer No:

Firm Name:

Contact Person: Phone:

Street Add: Fax:

Postal Add: DX:

Email Address: tick for PDF Only, No Register

Please Deliver to: Street Address / Postal 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: Bankcard Visa Mastercard Amount:

Card Number: Expiry Date:

name of cardholder signature

TRUSTEE DETAILS

Name of Trustee:

A.C.N. or 2nd Trustee:

Address:

Town: State: Postcode:

Directors (Chairman first)

UNITHOLDERS DETAILS

Please note that stamp duty is payable on the value of the initial units issued. The initial units should be kept to a minimum.

Name of Unitholder

A.C.N.

ATF:

Address:

Town: State Postcode

No of Units:

Further unitholders or instructions? Yes No (if yes please complete Unit Trust Additional Instructions)

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
A.C.N.
ATF:
Address:
Town: State Postcode
No of Units:

Name of Unitholder
A.C.N.
ATF:
Address:
Town: State Postcode
No of Units:

Name of Unitholder
A.C.N.
ATF:
Address:
Town: State Postcode
No of Units:

Name of Unitholder
A.C.N.
ATF:
Address:
Town: State Postcode
No of Units:

ADDITIONAL INSTRUCTIONS

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Please fax or post this form to: **CST Corporate Solutions Pty Ltd**
Locked Bag 5009
Narellan NSW 2567
Fax: 1-300 554 322