



Declaration of Trust Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

Company or Trust Details

Company/Trust Name

(include Trust and Trustee details if applicable)

ACN

Trustee (Non Beneficial Owner)

IMPORTANT: Full, verifiable names are required.

Corporate Trustee (if applicable)

ACN

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Individual Trustee/s
(First person listed to be Chairman)

Address

No. of Shares/Units	<input type="text"/>	Class of Shares/Units	<input type="text"/>	Paid \$1.00/Unit or \$	<input type="text"/>
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Beneficial Owner

Beneficiary Name

(include Trust and Trustee details if applicable)

Additional Information/Special Instructions

Payment Details

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

Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Diners Club*	<input type="checkbox"/> Amex*	*3% SURCHARGE APPLIES
Card Number	<input type="text"/>	Expires	<input type="text"/>	CCV	<input type="text"/>
Name on Card	<input type="text"/>	Signature	<input type="text"/>		