

Trust name

Order form: Unit trust

The Castle difference

 Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Choose your package – PDFs included with all packages

 Electronic Email delivery of all documents in PDF.

 Standard All key documents printed. 2 bound deeds.

 Premium All documents printed and inserted in a folder (with 6 dividers). 4 bound deeds.

Presented in

-
- White Folder
-
-
- White Folder with Slip Case
-
-
- Black Folder
-
-
- Black Folder with Vertical Holder
-
-
- Black Folder with Box and Lid

Additional order requirements

 Apply for an ABN Yes – complete [ABN application form](#) (additional fee of \$220 applies) No

 Applicable Law VIC NSW QLD SA WA NT TAS ACT

 Would you like us to attend to stamp duty¹ Yes No If Yes please choose jurisdiction² VIC NSW NT

¹ Additional fees apply for deeds to be stamped in NSW, and NT

² Stamp duty is only applicable in VIC, NSW, and NT

Delivery

Required delivery date

 ASAP Specific date

Please provide specific date

Delivery address

Street address preferred

 Firm address (listed above)

 Other address

Please provide other address

Payment – The options to pay in 14 or 30 days are only available for approved clients

 Pay now Cheque Please make cheques payable to: Castle Corporate Pty Ltd.
 Credit card Please complete a [Credit Card Authorisation form](#) and return with this form.

 Bank deposit

 Account details:
 BSB: 083-419, Account: 66332-9114

Please provide reference you will use for direct deposit

 Pay in 14 days with our [Enduring Credit Card Authorisation](#)
 Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

Declaration

By submitting this form to Castle Corporate Pty Ltd, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a Trustee and/or Unitholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

Trust details	
Name of trust	<input type="text"/>
Type of Trust	<input type="checkbox"/> Standard <input type="checkbox"/> Fixed <input type="checkbox"/> R13.22C
Commencement date	<input type="checkbox"/> Same as formation date of corporate trustee <input type="checkbox"/> Specify date <input type="text"/>
Trustee details	
Trustee name	<input type="text"/> ACN <input type="text"/>
Trustee address	<input type="text"/>
Corporate trustee director(s)	<input type="text"/> Full Name(s) including titles
Location of meetings	<input type="text"/>
Unit Holders	
Unitholder 1	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/> Other – please specify
Name: Individual	<input type="text"/> Given name(s) <input type="text"/> Surname
Company	<input type="text"/> ACN <input type="text"/>
Address	<input type="text"/>
Number of directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required <input type="text"/>
Holding units	<input type="checkbox"/> Alone <input type="checkbox"/> Held jointly with <input type="text"/> Please provide names
No of units	<input type="text"/>
Amount paid per unit	<input type="checkbox"/> \$1 <input type="checkbox"/> Other <input type="text"/> Amount owing per unit <input type="checkbox"/> Nil <input type="checkbox"/> Other <input type="text"/>
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below
Name	<input type="text"/>
Unitholder 2	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/> Other – please specify
Name: Individual	<input type="text"/> Given name(s) <input type="text"/> Surname
Company	<input type="text"/> ACN <input type="text"/>
Address	<input type="text"/>
Number of directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required <input type="text"/>
Holding units	<input type="checkbox"/> Alone <input type="checkbox"/> Held jointly with <input type="text"/> Please provide names
No of units	<input type="text"/>
Amount paid per unit	<input type="checkbox"/> \$1 <input type="checkbox"/> Other <input type="text"/> Amount owing per unit <input type="checkbox"/> Nil <input type="checkbox"/> Other <input type="text"/>
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below
Name	<input type="text"/>

Unit Holders

Unitholder 3

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		Other – please specify
Name Individual	Given name(s)		Surname
Company		ACN	
Address			
Number of directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required		
Holding units	<input type="checkbox"/> Alone <input type="checkbox"/> Held jointly with		Please provide names
No of units			
Amount paid per unit	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Amount owing per unit	<input type="checkbox"/> Nil <input type="checkbox"/> Other
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below		
Name			

Unitholder 4

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		Other – please specify
Name Individual	Given name(s)		Surname
Company		ACN	
Address			
Number of directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required		
Holding units	<input type="checkbox"/> Alone <input type="checkbox"/> Held jointly with		Please provide names
No of units			
Amount paid per unit	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Amount owing per unit	<input type="checkbox"/> Nil <input type="checkbox"/> Other
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below		
Name			

Additional information – Use this space to provide any other information that may help us to complete your order.