

## Order form: Unit Trust - Change of Units

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### Delivery

Required delivery date

 ASAP  Specific date

Please provide specific date

PDF Required

 Yes  No

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 Unit-holder. 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

Date of change

Address for meetings

 Chair of trustee meetings  
 (Name including title)

 Chair of unitholders meeting  
 meetings (Name including title)

 Same as chair of trustee meetings?  Yes  No – please specify

 Number of last unit  
 certificates issued

 Trust deed and deeds of  
 variation provided by Castle  
 Corporate

 Yes

Year deeds were provided by castle

 No - Please provide copy of original trust deed and any variations which may exist

 Do you require Castle Corp to  
 provide up to date registers?

Note: This service can only be provided if Castle Corporate attended to all previous trust documentation

 Yes - Castle will advise of additional fee payable  No

**Trustee(s)** – if more than three trustees, please provide their details in the ‘Additional Information’ space at the end of this document.

<b>Trustee one</b>	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee	
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	
Trustee name	<input type="text"/>	ACN <input type="text"/>
Trustee address	<input type="text"/>	
Name of director(s) Full Name(s) including titles	<input type="text"/>	

<b>Trustee two</b>	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee	
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	
Trustee name	<input type="text"/>	ACN <input type="text"/>
Trustee address	<input type="text"/>	
Name of director(s) Full Name(s) including titles	<input type="text"/>	

<b>Trustee three</b>	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee	
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	
Trustee name	<input type="text"/>	ACN <input type="text"/>
Trustee address	<input type="text"/>	
Name of director(s) Full Name(s) including titles	<input type="text"/>	

**Unit holder and change details**

<b>Unit holder one</b>	<input type="checkbox"/> Individual unit holder <input type="checkbox"/> Corporate unit holder	
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	
Name	<input type="text"/>	ACN <input type="text"/>
Address	<input type="text"/>	
Name of director(s) Full Name(s) including titles	<input type="text"/>	
Units are held	<input type="checkbox"/> Beneficially <input type="checkbox"/> In trust for another entity	<input type="text"/> name of entity
Type of change required	<input type="checkbox"/> None <input type="checkbox"/> Issue <input type="checkbox"/> Redeem <input type="checkbox"/> Split <input type="checkbox"/> Consolidate <input type="checkbox"/> Transfer	
Number of Units currently held	<input type="text"/>	Number of units held after change <input type="text"/> Consideration per unit <input type="text"/>

<b>Purchaser details (if transfer)</b>	<input type="checkbox"/> Individual unit holder <input type="checkbox"/> Corporate unit holder	
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	
Name	<input type="text"/>	ACN <input type="text"/>
Address	<input type="text"/>	
Name of director(s) Full Name(s) including titles	<input type="text"/>	
Number of units transferred	<input type="text"/>	Consideration per unit <input type="text"/>
Units are held	<input type="checkbox"/> Beneficially <input type="checkbox"/> In trust for another entity	<input type="text"/> name of entity

**Unit holder and change details (cont.)**

**Unit holder two**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Units are held  Beneficially  In trust for another entity  name of entity

Type of change required  None  Issue  Redeem  Split  Consolidate  Transfer

Number of Units currently held  Number of units held after change  Consideration per unit

**Purchaser details (if transfer)**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Number of units transferred  Consideration per unit

Units are held  Beneficially  In trust for another entity  name of entity

**Unit holder three**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Units are held  Beneficially  In trust for another entity  name of entity

Type of change required  None  Issue  Redeem  Split  Consolidate  Transfer

Number of Units currently held  Number of units held after change  Consideration per unit

**Purchaser details (if transfer)**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Number of units transferred  Consideration per unit

Units are held  Beneficially  In trust for another entity  name of entity

**Unit holder and change details (cont.)**

**Unit holder four**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Units are held  Beneficially  In trust for another entity  name of entity

Type of change required  None  Issue  Redeem  Split  Consolidate  Transfer

Number of Units currently held  Number of units held after change  Consideration per unit

**Purchaser details (if transfer)**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Number of units transferred  Consideration per unit

Units are held  Beneficially  In trust for another entity  name of entity

**Unit holder five**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Units are held  Beneficially  In trust for another entity  name of entity

Type of change required  None  Issue  Redeem  Split  Consolidate  Transfer

Number of Units currently held  Number of units held after change  Consideration per unit

**Purchaser details (if transfer)**

Individual unit holder       Corporate unit holder

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name  ACN

Address

Name of director(s)  
Full Name(s) including titles

Number of units transferred  Consideration per unit

Units are held  Beneficially  In trust for another entity  name of entity

**Unit holder and change details (cont.)**

<b>Unit holder six</b>	<input type="checkbox"/> Individual unit holder <input type="checkbox"/> Corporate unit holder			
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			
Name		ACN		
Address				
Name of director(s) Full Name(s) including titles				
Units are held	<input type="checkbox"/> Beneficially <input type="checkbox"/> In trust for another entity	name of entity		
Type of change required	<input type="checkbox"/> None <input type="checkbox"/> Issue <input type="checkbox"/> Redeem <input type="checkbox"/> Split <input type="checkbox"/> Consolidate <input type="checkbox"/> Transfer			
Number of Units currently held		Number of units held after change	Consideration per unit	
<b>Purchaser details (if transfer)</b>	<input type="checkbox"/> Individual unit holder <input type="checkbox"/> Corporate unit holder			
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			
Name		ACN		
Address				
Name of director(s) Full Name(s) including titles				
Number of units transferred		Consideration per unit		
Units are held	<input type="checkbox"/> Beneficially <input type="checkbox"/> In trust for another entity	name of entity		

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