

Trust name

Order form: Class or Hybrid 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 and inserted in a folder. 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

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

Type of Trust

 Class unit trust Hybrid unit trust

Type of Deed

- Hybrid trusts only

 Include foreign resident beneficiaries
 Exclude foreign resident beneficiaries

Commencement date

 Same as formation date of corporate trustee Specify date**Trustee details**

Trustee name

ACN

Trustee address

Corporate trustee
director(s)

Full Name(s) including titles

Location of meetings

Unit Holders**Unit holder 1**

Title

 Mr Mrs Ms Miss Dr Other

Other – please specify

Name:

Individual

Given name(s)

Surname

Company

ACN

Address

Number of directors

 One – advise full name to the right
 Two or more directors - names not required

Name of sole director

Holding units

 Alone Held jointly with

Please provide names

Units are held

 For the benefit of the holder In trust for another entity Complete other entity's details below

Name

Number

Voting	Capital	Fixed income	Discretionary income	Discretionary capital
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount paid for parcel

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount owed for parcel

<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Unit holder 2

Title

 Mr
 Mrs
 Ms
 Miss
 Dr
 Other

Other – please specify

Name:

Given name(s)

Surname

Individual

Company

ACN

Address

Number of directors

 One – advise full name to the right
 Two or more directors - names not required

Name of sole director

Holding units

 Alone

 Held jointly with

Please provide names

Units are held

 For the benefit of the holder

 In trust for another entity Complete other entity's details below

Name

Number

Amount paid for parcel

Amount owed for parcel

	Voting	Capital	Fixed income	Discretionary income	Discretionary capital
	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

Unitholder 3

Title

 Mr
 Mrs
 Ms
 Miss
 Dr
 Other

Other – please specify

Name:

Given name(s)

Surname

Individual

Company

ACN

Address

Number of directors

 One – advise full name to the right
 Two or more directors - names not required

Name of sole director

Holding units

 Alone

 Held jointly with

Please provide names

Units are held

 For the benefit of the holder

 In trust for another entity Complete other entity's details below

Name

Number

Amount paid for parcel

Amount owed for parcel

	Voting	Capital	Fixed income	Discretionary income	Discretionary capital
	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

Unit holder 4

Title Mr Mrs Ms Miss Dr Other Other – please specify

Name: Individual Given name(s) Surname

Company ACN

Address

Number of directors One – advise full name to the right Name of sole director
 Two or more directors - names not required

Holding units Alone Held jointly with Please provide names

Units are held For the benefit of the holder In trust for another entity Complete other entity's details below

Name

	Voting	Capital	Fixed income	Discretionary income	Discretionary capital
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount paid for parcel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount owed for parcel	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

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