

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 duty<sup>1</sup>

Yes  No

If Yes please choose jurisdiction<sup>2</sup>

VIC  NSW  NT

<sup>1</sup> Additional fees apply for deeds to be stamped in NSW, and NT

<sup>2</sup> 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 <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					

**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 <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					

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