

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.

 Pay now

 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

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

Year deeds were provided by castle

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.

Trustee one	<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 <input type="text"/>	
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"/>	

Trustee two	<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 <input type="text"/>	
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"/>	

Trustee three	<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 <input type="text"/>	
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

Unit holder one	<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 <input type="text"/>	
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"/>

Purchaser details (if transfer)	<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 <input type="text"/>	
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.)

Unit holder six

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

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