Trust name



Order form: 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 <u>incorrect</u> in your form, we will contact you to discuss it.												
	Order placed by												
	Your name			Telephone					Facsimile				
ı	Firm name			Email address									
l	Firm address												
	Timidadiess												
	Choose your package – PDFs included with all packages												
	☐ Electronic Emi	ail delivery of a	II documen	ts in PDF.									
	☐ Standard All I	kev documents	nrinted an	d inserted in a folder	2	hound deeds							
	Li Standard	key documents	printed an	a msertea m a roider		bound accus.			2				
							□ Whit	Presented in White Folder					
	☐ Premium All o	documents prir	nted and ins	erted in a folder (wi	th 6	dividers).		`	White Folder with Slip Case				
	4 bo	ound deeds.		□ ві					Black Folder				
									Black Folder with Vertical Holder Black Folder with Box and Lid				
	Additional order requirements												
	Apply for an ABN					itional fee of \$220 ap		∐ No					
	Applicable Law	□ VIC	□ NSW	□ QLD □ S.	A	□ WA □ NT	Ш	TAS	□ ACT				
	Would you like us	_				. 2	_						
	to attend to stamp duty ¹	☐ Yes	□ No	If Yes please ch	00	se jurisdiction	VIC NSW NT						
	¹ Additional fees apply for	deeds to be sta	amped										
	² Stamp duty is only applic	able in VIC, NS	W, and NT										
	Delivery												
	Required delivery da	te		ASAP Specific date					rovide specific date				
	Delivery address		☐ Firm						ease provide other address				
	Street address preferred		☐ Othe										
	Payment – The option	ns to pay in	14 or 30	davs are only a	vail	able for approve	ed clie	nts					
		☐ Cheque											
				Please make cheques payable to: Castle Corporate Pty Ltd.									
	☐ Pay now ☐ Credit card ☐ Bank deposit			Please complete a Credit Card Authorisation form and return with this form. Account details: Please provide reference you will use for direct deposit									
		Account details: BSB: 083-543, 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										
	☐ Include foreign	resident beneficia	ries		,					
Type of Deed	Recommended for trusts which intend to purchase property in Queensland, New Sout Wales, South Australia, Tasmania and/or Victo avoid duty surcharges									
Commencement date	☐ Same as forma	tion date of corpora	ate trustee	☐ Specify date	:					
Trustee details	ails									
Trustee name				ACN						
Trustee address										
Corporate trustee director(s) Full Name(s) including titles										
Location of meetings										
Unit Holders										
Unit holder 1					Other places specify					
Title	r									
Name: Individual	Given n	name(s) Surname								
Company	ACN									
Address										
Number of directors	One – advise full na	ame to the right ECCTORS - names not rec	quired	Name of sole director						
Holding units	□ Alone □ Held jointly with									
Units are held	☐ For the benefit of the holder ☐ In trust for another entity Complete other entity's details below									
Name	ne									
Do you require differer	nt classes of units?	□ YES □ NO Plea	ise select one	9						
SINGLE CLASS UNIT			of units							
Amount paid ☐ \$1	□ Other		t owing	Nil □ Other						
MULTIPLE CLASS UNIT	A Class (Voting)	B Class (Fixed income)	C Class (Fixed capit	D Clas	onary (Discretionary					
Number										
Amount paid for parcel										
Amount owed for parce	Nil □ Other	□ Nil □ Other	□ Nil □ Other	□ Nil □ Other	□ Nil □ Other					

	Unit holder 2												
	Title	□м	r 🗆 Mrs	☐ Ms	s \square Miss		Dr 🗆	Other		Other -	– please specify		
	Name: Individual	Given name(s) Surname											
	Company				ACN								
	Address												
	Number of direc	tors	☐ One – ad		Name of sole director								
	Holding units		☐ Alone	☐ Held	d jointly wit	h		Please provide names					
Units are held									ier enti	ty's details below			
	Name												
	Do you require	different classes of units? YES NO Please select one											
	SINGLE CLASS UNIT				No of units								
	Amount paid per unit	□ \$1 □ Other		Amou per un		nt owing nit	□ Nil □	□ Other					
				lass B Class ting) (Fixed income)			C Class (Fixed capital)		The state of the s		E Class (Discretionary capital)		
	Number												
	Amount paid for parcel												
Amount owed fo		or parcel			□ Nil □ Other		□ Nil □ Other		□ Nil □ Other		□ Nil □ Other		
	Unitholder 3												
	Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other											
	Name: Individual	Company ACN											
	Company												
	Address												
Number of directors One – advise full name to the right Two or more directors - names not required Please provide names Alone							sole direc	tor					
							es						
	Units are held	☐ Fo	r the benefi	t of the h	nolder 🗆	In tru	st for ano	ther entity	Complete oth	ner enti	ty's details below		
	Name												

E Class (Discretionary capital) Nil Other
(Discretionary capital)
(Discretionary capital)
(Discretionary capital)
ease specify
s details below
E Class (Discretionary capital)
□ Nil □ Other
s s d

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