

Trust name

Order form: Class 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 Box and Lid

Additional order requirements

Apply for an ABN

☐ Yes – complete [ABN application form](#) (additional fee of \$231 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: 083-543, Account: 66 332-9114

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

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:

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

A Class (Voting)	B Class (Fixed income)	C Class (Fixed capital)	D Class (Discretionary income)	E Class (Discretionary capital)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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

Amount paid for parcel

Amount owed for parcel

Unit holder 2

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

Amount paid for parcel

Amount owed for parcel

A Class
(Voting)**B Class**
(Fixed income)**C Class**
(Fixed capital)**D Class**
(Discretionary
income)**E Class**
(Discretionary
capital)
☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other
Unitholder 3

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

Amount paid for parcel

Amount owed for parcel

A Class
(Voting)**B Class**
(Fixed income)**C Class**
(Fixed capital)**D Class**
(Discretionary
income)**E Class**
(Discretionary
capital)
☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ 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
☐ 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

A Class
(Voting)**B Class**
(Fixed income)**C Class**
(Fixed capital)**D Class**
(Discretionary
income)**E Class**
(Discretionary
capital)
☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

☐ Nil
☐ Other

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