

THE COMPANY PEOPLE
UNIT TRUST ORDER FORM Page 1

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|----------------------------------|----------------------|
| FIRM/PERSON PLACING ORDER | |
| Firm Name: | Contact Name: |
| Address: | |
| Phone: | |

Unit Trust Type **Standard / Fixed / Hybrid / Multi Class**

Desired Name of Unit Trust _____

State/Territory of Jurisdiction _____

FIRST TRUSTEE(S)

Name of first Trustee _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

SECOND TRUSTEE (If any)

Name of second Trustee _____

Registered Office/residential address _____

UNITHOLDERS

Full name of Unit Holder _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

No./Class of units if Multi Class _____

Full name of Unit Holder _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

No./Class of units if Multi Class _____

Full name of Unit Holder _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

No./Class of units if Multi Class _____

Full name of Unit Holder _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

No./Class of units if Multi Class _____

If there is insufficient space provided, please photocopy and submit as part of your order.

