

**THE COMPANY PEOPLE**  
 FARM TRUST ORDER FORM – Page 1 of 2

<b>THE COMPANY PEOPLE PTY LTD</b>  <i>Tel: 1800 039 061</i> Website: <a href="http://www.thecompanypeople.com.au">www.thecompanypeople.com.au</a>	<b>Level 1, 5 Castles Drive          Torquay, Victoria 3228</b>  <i>Fax: 1800 633 644</i> email: <a href="mailto:admin@thecompanypeople.com.au">admin@thecompanypeople.com.au</a>
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<b>FIRM/PERSON PLACING ORDER</b>	
<b>Firm Name:</b>	<b>Contact Name:</b>
<b>Address:</b>	<b>Fax:</b>
<b>Phone:</b>	

**Desired Name of 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 \_\_\_\_\_

**\*SETTLOR**  
**Full name** \_\_\_\_\_ **Settled Sum \$** \_\_\_\_\_

Address \_\_\_\_\_ **\* Settlor cannot benefit from the Trust**  
 \_\_\_\_\_

**APPOINTER**  
**Full name** \_\_\_\_\_

**SPECIFIED BENEFICIARIES**

- |                   |                   |
|-------------------|-------------------|
| 1 Full name _____ | 1 Full name _____ |
| 2 Full name _____ | 2 Full name _____ |
| 3 Full name _____ | 3 Full name _____ |
| 4 Full name _____ | 4 Full name _____ |

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

Price \$363.00 (Inc. GST – Excl. State Stamp Duty)

**Confirmation of order and Payment Details**

I, (print name ) ..... confirm that the persons/corporations named above have consented to act in the capacity shown. Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment. I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ \_\_\_\_\_ for this purchase to the following credit card account:
  - Mastercard
  - Visa

Card Number      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|      Expiry Date...../.....

Cardholder name.....

Address.....

**Authorised Signatory\***.....

\* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).