

**THE COMPANY PEOPLE**

Issue of Units in a Unit Trust – Page 1 of 2

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| <b>THE COMPANY PEOPLE PTY LTD</b><br><i>Tel: 1800 039 061</i><br>Website: <a href="http://www.thecompanypeople.com.au">www.thecompanypeople.com.au</a> | <b>PO Box 960, Torquay 3228</b><br><br>email: <a href="mailto:admin@thecompanypeople.com.au">admin@thecompanypeople.com.au</a> |
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|   |                            |
|---|----------------------------|
| <b>FIRM/PERSON PLACING ORDER FOR SECRETARIAL SERVICES</b> |                            |
| <b>Firm Name:</b>   | <b>Contact Name:</b> ..... |
| <b>Address:</b>   |                            |
| <b>Phone:</b>   |                            |

**ISSUE OF UNITS IN A UNIT TRUST**

**If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this order.**

**Name of Trust:** .....

**Details of Trustee(s)**

|                         |
|-------------------------|
| 1. Name .....           |
| Address: .....          |
| .....                   |
| ACN (if Company): ..... |

|                         |
|-------------------------|
| 2. Name .....           |
| Address: .....          |
| .....                   |
| ACN (if Company): ..... |

**Issue of Units in a Unit Trust – Page 2 of 2**

**2. Details of Additional Unit Holds**

|  |
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| <p>1. Name of <b>Additional</b> Unit Holder .....</p> <p>Address: .....</p> <p>.....</p> <p>ACN (if Company): .....</p> <p>Number of Units: .....                      Current Class of Units: .....</p><br><p>2. Name of <b>Additional</b> Unit Holder .....</p> <p>Address: .....</p> <p>.....</p> <p>ACN (if Company): .....</p> <p>Number of Units: .....                      Current Class of Units: .....</p> |
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**Please list accompanying documentation (if applicable)**

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**Comments / Special Requirements**

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**By signing below, I acknowledge that both ‘The Company People Pty Ltd’ and ‘Kinross-Smith and Associates Lawyers’ provide the required documentation for the service requested in good faith. However, it is the responsibility of the Trustee to ensure that the amendment is executed in accordance with the requirements of the Trust, and the relevant law. This includes any amendment that may have an effect, intended or otherwise, on the Capital Gains Tax, Stamp Duty (or other excise) position of either the Trust itself, or assets held within the Trust.**

|                      |                      |              |
|----------------------|----------------------|--------------|
| <b>Signature(s):</b> | <b>Print Name(s)</b> | <b>Date:</b> |
|----------------------|----------------------|--------------|

**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:

Please charge **\$187.00** for this purchase to the following credit card account:  
Mastercard  Visa

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

Cardholder Name.....

Address.....

**Authorised signatory\***.....

\*   signatory must be the cardholder.