## THE COMPANY PEOPLE

## Transfer of Units in a Unit Trust - Page 1 of 2

THE COMPANY PEOPLE PTY LTD Level 1, 5 Castles Drive, Torquay 3228 Tel: 1800 039 061 Fax: 1800 633 644 Website: <a href="https://www.thecompanypeople.com.au">www.thecompanypeople.com.au</a> email: admin@thecompanypeople.com.au FIRM/PERSON PLACING ORDER FOR SECRETARIAL SERVICES Firm Name: Contact Name: ..... Address: Phone: Fax: TRANSFER 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): 1. Details of Unit Holding to be Transferred 1. Name of **Current** Unit holder (Transferor) ...... ...... ACN (if Company): ..... Number of Units: ..... Current Class of Units: ..... 2. Name of **Receiving** Unit holder (Transferee) ...... ACN (if Company): ..... Current Class of Units: ...... Number of Units: .....

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2. Details of Unit Holding to be Tran	nsferred	
	der (Transferor)	
Address:		
ACN (if Company):		
Number of Units:	Current Class of Units:	
4. Name of <b>Receiving</b> Unit ho	older (Transferee)	
ACN (if Company):		
Number of Units:	Current Class of Units:	
Comments / Special Requirements		
Corporate Lawyers' provide the re- faith. However, it is the responsible executed in accordance with the rincludes any amendment that may	that both 'The Company People Pty Ltd quired documentation for the service requility of the Trustee to ensure that the requirements of the Trust, and the relevant have an effect, intended or otherwise, of excise) position of either the Trust itself,	uested in good amendment is vant law. This on the Capital
Print Name(s)	Signature(s):	Date:

## **CONFIRMATION OF ORDER AND PAYMENT DETAILS**

	nt name )	
	rm that the persons/corporations named above have consented to act in the capacity shown.	
Paym	ent 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 \$ 143.00 for this purchase to the following credit card account:  Mastercard Visa	
Card I	Number     Expiry Date/	
Cardholder name		
Addre	ess	
Autho	f 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).	