## THE COMPANY PEOPLE

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

THE COMPANY PEOPLE PTY LTD  Tel: 1800 039 061	PO Box 960, Torquay 3228	
Website: www.thecompanypeople.com.au	email: admin@thecompanypeople.com.au	
FIRM/PERSON PLACING ORDER FOR SECR	ETARIAL SERVICES	
Firm Name: Address: Phone:	Contact Name:	
TRANSFER OF UNIT	S IN A UNIT TRUST	
If there is insufficient space in a photocopy the relevant page(s) a		
Name of Trust:		
Details of Trustee(s)	1	
1. Name		
Address:		
ACN (if Company):		
2. Name		
Address:		
ACN (if Company):		
1. Details of Unit Holding to be Transferred		
1. Name of <b>Current</b> Unit holder (Transfe	eror)	
Address:		
ACN (if Company):		
Number of Units:	Current Class of Units:	
2. Name of <b>Receiving</b> Unit holder (Trans	feree)	
ACN (if Company):		
Number of Units:	Current Class of Units:	

## Transfer of Units in a Unit Trust – Page 2 of 2

4	2. Details of Unit Holding to be Transferred	
	3. Name of <b>Current</b> Unit holder (Transferor)	
	Address:	
	ACN (if Company):	
	Number of Units: Current Class of Units:	
	4. Name of <b>Receiving</b> Unit holder (Transferee)	
	Address:	
	ACN (if Company):	
	Number of Units: Current Class of Units:	
Please list accompanying documentation (if applicable)  Comments / Special Requirements		
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.		
	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.	
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 \$ 187.00 for this purchase to the following credit card account:  Mastercard Visa	
Card Number Expiry Date/		
Cardholder name		
Address		
* 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).		