



# Declaration of Trust Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

## Company or Trust Details

Company/Trust Name   
  
(include Trust and Trustee details if applicable)

ACN

## Trustee (Non Beneficial Owner)

**IMPORTANT: Full, verifiable names are required.**

Corporate Trustee (if applicable)

ACN

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Individual Trustee/s (First person listed to be Chairman)

Address

No. of Shares/Units	<input type="text"/>	Class of Shares/Units	<input type="text"/>	Paid \$1.00/Unit or \$	<input type="text"/>
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## Beneficial Owner

Beneficiary Name   
  
(include Trust and Trustee details if applicable)

## Additional Information/Special Instructions

## Payment Details

Please debit the following card details by the amount of **\$ 110.00 (inc. GST)**

Type of Card  Visa  Mastercard  Diners Club\*  Amex\* \*3% SURCHARGE APPLIES

Card Number	<input type="text"/>	Expires	<input type="text"/>	CCV	<input type="text"/>
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Name on Card	<input type="text"/>	Signature	<input type="text"/>
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