

Discretionary Trust Order Form

ABBOTS

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Client Details

name	ASIC Number	client code
street address	postal address	
contact person	phone	fax email

Trust Details

Please email a PDF copy to above email or:

desired name	date of establishment
relevant state of deed	<input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> WA <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> TAS <input type="checkbox"/> ACT <input type="checkbox"/> SA
trust address	suburb/city postcode
settled sum \$	

Trustee Details

1 company individual

family name/ company name	
given names/ acn	
address	directors names

2 company individual

family name/ company name	
given names/ can	
address	directors names

Settlor Details (must be independent, not a beneficiary)

1 company individual

family name/ company name	
given names/ acn	
address	

Appointor Details

1 company individual

family name/ company name	
given names/ acn	
address	

2 company individual

family name/ company name	
given names/ can	
address	

Beneficiary Details

1 company individual corpus specified

family name/ company name	
given names/ acn	
address	as trustee for

3 company individual corpus specified

family name/ company name	
given names/ can	
address	as trustee for

2 company individual corpus specified

family name/ company name	
given names/ acn	
address	as trustee for

4 company individual corpus specified

family name/ company name	
given names/ can	
address	as trustee for