

Employer Superannuation Fund Order Form

ABBOTS

"THE SHELF COMPANY SPECIALISTS"
 1ST FLOOR, 225 BRIDGE ROAD, RICHMOND VIC 3121
 PO Box 384, RICHMOND VIC 3121

PHONE: (03) 9427 8888 TOLL FREE: 1800 33 7964

FAX: (03) 9427 7888 TOLL FREE: 1800 33 7965

WEB: www.abbots.com.au EMAIL: orders@abbots.com.au

Client Details

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

Fund 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

Trustee Details

1 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
2 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names

3 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
4 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names

Employer Details

1 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
as trustee for	

Associated Employer Details

1 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
as trustee for	

Members Details

1	
family name	
given names	
address	dob
	gender (M/F)
	marital status
2	
family name	
given names	
address	dob
	gender (M/F)
	marital status

3	
family name	
given names	
address	dob
	gender (M/F)
	marital status
4	
family name	
given names	
address	dob
	gender (M/F)
	marital status

Other instructions

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Personal Superannuation Fund Order Form

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Client Details

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

Fund 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

Trustee Details

1 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
2 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names

3 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names
4 <input type="checkbox"/> company <input type="checkbox"/> individual	
family name/ company name	
given names/ acn	
address	directors names

Original Members Details

1	
family name	
given names	
address	dob
	gender (M/F)
	marital status
2	
family name	
given names	
address	dob
	gender (M/F)
	marital status

3	
family name	
given names	
address	dob
	gender (M/F)
	marital status
4	
family name	
given names	
address	dob
	gender (M/F)
	marital status

Other instructions

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