



UNIT TRUST ESTABLISHMENT

Name of the Trust:			
Commencement date:		Contact Person:	
Contact Phone:		Contact Mobile:	

TRUSTEE

Name: Surname			
Given Names			
Address:			

UNITHOLDER/S

Name: Individual Company A.C.N.			
		Date of Registration:	
Title:		Date of Birth:	
Address:			
Type of Unit:		Number of Units:	
Amount Paid:		Amount Owing:	
If holding as Trustee, state for whom:			
If corporate unit holder, the name(s) of Directors			

Name: Individual Company A.C.N.			
		Date of Registration:	
Title:		Date of Birth:	
Address:			
Type of Unit:		Number of Units:	
Amount Paid:		Amount Owing:	
If holding as Trustee, state for whom:			
If corporate unit holder, the name(s) of Directors			

Name: Individual Company A.C.N.			
		Date of Registration:	
Title:		Date of Birth:	
Address:			
Type of Unit:		Number of Units:	
Amount Paid:		Amount Owing:	
If holding as Trustee, state for whom:			
If corporate unit holder, the name(s) of Directors			

Name: Individual Company A.C.N.			
		Date of Registration:	
Title:		Date of Birth:	
Address:			
Type of Unit:		Number of Units:	
Amount Paid:		Amount Owing:	
If holding as Trustee, state for whom:			
If corporate unit holder, the name(s) of Directors			

TAXATION

Apply for TFN:	TFN:	Yes / No
Apply for ABN:	ABN:	Yes / No
Register for GST:		Yes / No