

## 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:		
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Type of Unit: Amount Paid:	Number of Units:	
If holding as Trustee,	Amount Owing:	
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		
TAVATION		
<u>TAXATION</u>		

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