

TRUST FORMATION FORM

What is the proposed Name of the Trust	
Is the trust going to be trading under this Trust name?	[] No [] Yes
If yes what will be the trading name	
How many trustees will there be?	

TRUSTEE DETAILS

Full Name1:			
Address			
TFN	ACN (if trustee is a company)		
If Company – Name of Director/Secretary			
Are you a sole director	[] No	[] Yes	

Full Name 2:			
Address			
TFN	ACN (if trustee is a company)		
If Company – Name of Director/Secretary			
Are you a sole director	[] No	[] Yes	

Full Name 3:			
Address			
TFN	ACN (if trustee is a company)		
If Company – Name of Director/Secretary			
Are you a sole director	[] No	[] Yes	

BENEFICIARY/IES

How many beneficiaries will there be:	
Are any of the beneficiaries a company	<input type="checkbox"/> No <input type="checkbox"/> Yes

BENEFICIARY 1 Name	
Address	
TFN (if applicable)	
Name & ACN (if a company)	

BENEFICIARY 2 Name	
Address	
TFN (if applicable)	
Name & ACN (if a company)	

BENEFICIARY 3 Name	
Address	
TFN (if applicable)	
Name & ACN (if a company)	

PLEASE COMPLETE THE ABN, TFN & GST REGISTRATION FORM (if required) AND SUBMIT WITH THIS COMPLETED APPLICATION FORM

Signed:.....

Date:.....