

CNL

INCORPORATIONS

CNL

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Surry Hills NSW 2010
www.incorporations.com.au

CORPORATE
NETWORK
LTD

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cnl@incorporations.com.au

UNIT TRUST INSTRUCTIONS

PART 1

FROM:	DATE	FIRM	
	ABN		ACN
	DESCRIPTION (Accountants/Solicitors/etc)		
	PARTNER		CONTACT
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
	PHONE		FAX
	EMAIL		
	<input checked="" type="checkbox"/> Paper \$352	<input type="checkbox"/> PDF ONLY \$297 -	UPFRONT PAYMENT ONLY SEE PAYMENT TAB

FIXED

NOT FIXED

I/WE ADVISE *WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES; AND,*
CORPORATE NETWORK *HAVE READ AND AGREE TO THE TERMS AND CONDITIONS.*
LTD THAT: *ACCEPT*

NAME OF TRUST:

LEGAL JURISDICTION (NAME THE STATE WHERE THE DEED WILL BE STAMPED):

DATE TO BE SIGNED (IF BLANK, DATE TO BE INSERTED WHEN DEED IS SIGNED):

ADDRESS OF TRUST: (FOR CORRESPONDENCE, SERVICE OF NOTICE, ETC)

AT THE OFFICE OF (C/-)

SUITE/FL

BUILDING

STREET NO. & NAME

SUBURB/CITY

STATE

POSTCODE

REQUIRED MAJORITY (PASS RESOLUTIONS AT UNITHOLDERS MEETING) DEF =100%: %

TRUSTEE(s) MEETINGS (PLACE)

(PRESENT)

(PRESENT)

BANK

BRANCH

SIGNATORIES

METHOD

SIGNATORIES JOINTLY

ANY ONE SIGNATORY ALONE

AUDITOR

(FIRM)

(ADDR)

PART 2 NOTES: TRUSTEE *THE TRUSTEE SHOULD NOT BE A UNITHOLDER, DIRECTLY OR BENEFICIALLY.*
UNITS *ISSUE PRICE OF THE INITIAL UNITS IS \$1-00 EACH*

TICK HERE IF TRUSTEE COMPANY IS BEING INCORPORATED BY CNL

TRUST NAME :

PART 2

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

DETAILS OF MORE PARTIES ARE ATTACHED

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____
 IN TRUST FOR _____
ADDRESS: C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____
 ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____
 IN TRUST FOR _____
ADDRESS: C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____
 ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY): _____
 IN TRUST FOR _____
ADDRESS: C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____
 ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

DETAILS OF MORE PARTIES ARE ATTACHED

TRUST NAME : _____ **PART 4**

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND

NAME GIVEN NAMES _____
SURNAME _____ ACN (IF A COY) _____
IN TRUST FOR _____
ADDRESS: C/- _____
UNIT/SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____
SUBURB/CITY _____
STATE _____ POSTCODE _____
ROLE IN TRUST TRUSTEE UNITHOLDER

UNITS REQUIRED	CLASS	NUMBER	ISSUE PRICE	AMT PAID	AMT DUE	CASH/KIND