

CNL

INCORPORATIONS

CNL

31 Albion Street
 Surry Hills NSW 2010
 www.incorporations.com.au

CORPORATE
 NETWORK
 LTD

abn : 79 079196768
 Ph : 02 9212 6399
 Fax : 02 9281 1970
 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 \$350	<input type="checkbox"/> PDF ONLY \$299 -	UPFRONT PAYMENT ONLY SEE PAYMENT TAB

FIXED

NOT FIXED

**I/WE ADVISE
 CORPORATE NETWORK
 LTD THAT:**

*WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES; AND,
 HAVE READ AND AGREE TO THE TERMS AND CONDITIONS.
 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
 TRUSTEE(s) MEETINGS

(PASS RESOLUTIONS AT UNITHOLDERS MEETING)

DEF =100%:

%

(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