

CNL

INCORPORATIONS

CNL

Suite 601, Level 6
2-12 Foveaux Street
Surry Hills NSW 2010
www.incorporations.com.au

**CORPORATE
NETWORK
PTY 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 \$395	<input type="checkbox"/> PDF ONLY \$250 -

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