
INSTRUCTIONS FOR SUPERANNUATION REGISTER

You are prepared to act as our agent to procure a trust deed and ancillary legal documents from a solicitor, the particulars for such a trust deed being set out hereunder. In consideration for you acting as our agent, payment of solicitor's costs, attending to compilation of materials in a register and delivery of same we shall pay such amount as agreed.

Name Of fund:

Sponsoring Employer:

Registered Address:

Directors of Employer:

If not corporate trustee, two individual trustees are required.

Trustee 1 Full Name/ACN:

Directors of Trustee:

Registered Address:

Date Fund to Commence:

Day	<input type="text"/>	
Month	<input type="text"/>	
Year	<input type="text"/>	

Trustee 2 Full Name/ACN:

Registered Address:

MEMBERS DETAILS

Please Select No. of Members:

Select One

Fixed Member 1/2

Surname:

Sex :

Male

Female

First Names:

Occupation:

Registered Address:

Date commenced with employer:

Day

Month

Year

Date Of Birth:

Day

Month

Year

Male Female

Day

Month

Year

Fixed Member 2/2

Surname:

Sex :

Male

Female

First Names:

Occupation:

Registered Address:

Date commenced with employer:

Day

Month

Year

Date Of Birth:

Day

Month

Year

Male Female

Day

Month

Year

CLIENT DETAILS

Date :

Contact :

Client Name :

Delivery Instructions:

Address:

Phone:

Fax :

Email Address:

PAYMENT OPTIONS:

- Credit Card Payment: \$325 (Pre Paid & INCL 2.2% surcharge)
- Bank Deposit: \$318 (Pre Paid)
- 30 Day Account: \$338 (To approved clients only)

CREDIT CARD INFORMATION

Type Of Card:

Visa

 Master card

Card Number:

Name On card:

Expiry date:

CVV Code: What is CVV?

BANK DETAILS FOR DIRECT DEPOSIT:

Account Name: Allan's Off The Shelf

BSB: 012 349

Account No: 221 604 238

The Applicant hereby accepts full responsibility for any amount payable to Allan's Off The Shelf for the incorporation of the above company.

Signature of confirmation of order (if faxed):

L Y M ₄ C

SEND



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