

Deed name



Order for Deed of forgiveness

Order Placed By

Your name	Telephone	Facsimile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm name	Email address	
<input type="text"/>	<input type="text"/>	
Firm address		
<input type="text"/>		

Payment

Cheque with order form Please make cheque payable to: Castle Legal Pty Ltd.

Credit card Please complete [Credit Card Authorisation](#) and return with this form.

Credit terms of 30 days This option is for approved clients only.

Date of forgiveness (must be a present or future date): / /

DONOR (the party giving the gift)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
If company: Company Name	<input type="text"/>	ACN	<input type="text"/>
Address or Registered office	<input type="text"/>		

Director details

Director 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname

Trust details (if applicable)

Name of Trust	<input type="text"/>		
Trustee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Trustee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname

DONEE (the party receiving the gift)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
If company: Company Name	<input type="text"/>	ACN	<input type="text"/>
Address or Registered office	<input type="text"/>		

Director details

Director 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Director 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname

Trust details (if applicable)

Name of Trust	<input type="text"/>		
Trustee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname
Trustee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	title	first names	surname

Details of gift	
Details of gift	<input type="text"/>
Value of gift	\$ <input type="text"/>
State of incorporation	<input type="text"/>
When / how did the donor acquire the gift?	<input type="text"/>
Does the donor own gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="if no, name of owner:"/>
Is the gift encumbered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="if no, please provide details:"/>
Does the gift require registration on transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the gift provide an income stream?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the gift confer any liability on the Donee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information – Use this space to give any other information that may help to complete the order