

Deed name



Order for Deed of gift

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	
<input type="checkbox"/> Cheque with order form	Please make cheque payable to: Castle Legal Pty Ltd.
<input type="checkbox"/> Credit card	Please complete Credit Card Authorisation and return with this form.
<input type="checkbox"/> Credit terms of 30 days	This option is for approved clients only.

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

DONOR (the party giving the gift)		
Name	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
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"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 2	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 3	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 4	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>

Trust details (if applicable)		
Name of Trust	<input type="text"/>	
Trustee 1	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Trustee 2	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>

Donee (the party receiving the gift)		
Name	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
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"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 2	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 3	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Director 4	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>

Trust details (if applicable)		
Name of Trust	<input type="text"/>	
Trustee 1	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>
Trustee 2	<input type="text"/>	<input type="text"/>
	<small>title</small>	<small>first names</small> <small>surname</small>

Details of gift	
Details of gift	<div style="border: 1px solid black; height: 30px;"></div>
Value of gift	\$ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State of incorporation	<div style="border: 1px solid black; height: 20px;"></div>
When / how did the donor acquire the gift?	<div style="border: 1px solid black; height: 40px;"></div>
Does the donor own gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 300px; height: 20px; margin-left: 20px; text-align: center; font-size: 8px;">if no, name of owner:</div>
Is the gift encumbered	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 300px; height: 20px; margin-left: 20px; text-align: center; font-size: 8px;">if no, please provide details:</div>
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