

Trust name

Order form: Vesting of unit trust

Important information

Please forward a copy of the existing trust deed with any deeds of variation/amendment that may exist. Please ensure you also provide current information in relation to:

- other parties to the deed (including names and addresses)
- the names of director(s) (if a company), and
- a copy of the final balance sheet for the trust
- a list of assets and liabilities as at the requested vesting date
- the current position if unit holdings have changed.

All original documents will be returned to you with the new documentation.

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

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.

Trust details

Name of trust

Date established

 / /

Date of vesting
Must be today or future dated

 / /

Location for meetings

Trustees	
Individual trustees	Corporate trustees
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:	Company Name
Full name	ACN
Address	Registered office
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:	Director 1 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:
Full name	Full name
Address	Residential address
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:	Director 2 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:
Full name	Full name
Address	Residential address
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:	Director 3 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:
Full name	Full name
Address	Residential address
	Director 4 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:
	Full name
	Residential address

Unit holder(s) – Please provide individual unit holders below. Corporate unit holders can be provided on the next page.

Individual unit holders

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	If other, please specify:	No of units held	
Full name				
Address				
Units are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:			
	Name			
	Address:			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	If other, please specify:	No of units held	
Full name				
Address				
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:			
	Name			
	Address			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	If other, please specify:	No of units held	
Full name				
Address				
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:			
	Name			
	Address			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	If other, please specify:	No of units held	
Full name				
Address				
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:			
	Name			
	Address			

Unit holder(s) (continued)

Corporate unit holders

Name

ACN

No of units held

Registered office

Director names

Units are held

- For the benefit of the holder
 In trust for another entity. Other entity's details:

Name

Address

Name

ACN

No of units held

Registered office

Director names

Units are held

- For the benefit of the holder
 In trust for another entity. Other entity's details:

Name

Address

Name

ACN

No of units held

Registered office

Director names

Units are held

- For the benefit of the holder
 In trust for another entity. Other entity's details:

Name

Address

Additional information – Use this space to give us any other information that may help us to complete your order.