

Deed name

Order for charitable trust

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.

Additional order requirements

Apply for an ABN

Yes – complete [ABN application form](#) No

Applicable Law

VIC NSW QLD SA WA NT TAS ACT

Would you like us to attend to stamp duty¹ Yes No

¹Stamp duty exemptions may apply

If yes, please choose jurisdiction² VIC NSW NT

²Stamp duty is only applicable in VIC, NSW and NT

Delivery

Required delivery date

ASAP Specific date

Please provide specific date

Delivery address
Street address preferred

Firm address (as listed above) Other address

Please provide other address

Declaration

By submitting this form to Castle Legal Pty Ltd, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a trustee or founder (as relevant). I indemnify Castle Legal Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

Type of trust

Do you require deductible gift receipt endorsement? No Yes If yes please specify type below:-

Health Promotion Charity

School Building Fund

Medical Research Fund

Scholarship Fund

Public Benevolent Institution

Necessitous Circumstances Fund

Harm Prevention Charity

Australian Disaster Relief Fund

Animal Welfare Charity

Charitable Services Institution

War Memorial Repair Fund

Environmental Organisation Fund

Overseas Aid Fund

Developed Country Disaster Relief Fund

Cultural Organisation Fund

Public Ancillary Fund

Private Ancillary fund

Other (please specify)

| Trust details | | | |
|---|---|-------------|--|
| Name of Trust | <input style="width: 100%;" type="text"/> | | |
| Commencement Date: must be a current or future date | / | / | Settlement sum <input style="width: 50%;" type="text" value="\$"/> |
| Founder details | | | |
| Founder 1 Name | title | first names | surname |
| Address | <input style="width: 100%;" type="text"/> | | |
| Founder 2 Name | title | first names | surname |
| Address | <input style="width: 100%;" type="text"/> | | |
| Trustee details | | | |
| Trustee 1 Name | title | first names | surname |
| <i>If company</i> Company name | <input style="width: 50%;" type="text"/> | ACN | <input style="width: 30%;" type="text"/> |
| Address or Registered office | <input style="width: 100%;" type="text"/> | | |
| Director 1 | title | first names | surname |
| Director 2 | title | first names | surname |
| Director 3 | title | first names | surname |
| Director 4 | title | first names | surname |
| Trustee 2 Name | title | first names | surname |
| <i>If company</i> Company name | <input style="width: 50%;" type="text"/> | ACN | <input style="width: 30%;" type="text"/> |
| Address or Registered office | <input style="width: 100%;" type="text"/> | | |
| Director 1 | title | first names | surname |
| Director 2 | title | first names | surname |
| Director 3 | title | first names | surname |
| Director 4 | title | first names | surname |
| Objects / purposes of trust:- please specify details below | | | |
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | |
| Additional Information – Use this space to give any other information that may help to complete the order | | | |
| <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | | | |