



UNIT TRUST ORDER FORM		Put mouse pointer on boxes for Help
A4COMPANIES TRUSTS AND FAQ		Put Your Information in the BLUE BOXES
UT Info		
Your Trust Name	PLEASE COMPLETE FORM IN UPPER CASE	
Number of Unit Holders ?	1	

Telephone	1800 264 111
Email	info@a4companies.com.au
PO Box 1215 Cronulla NSW 2230	

TRUSTEE/S FOR THIS TRUST ARE INDIVIDUALS OR A COMPANY ?	List Box	Individuals
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TRUSTEE COMPANY NAME AND ACN.			
ACN:	111 222 333	IF TRUSTEE IS TO BE A NEW COMPANY PLEASE COMPLETE AND FORWARD A COMPANY COPY TO:	

Trustee Company Registered Office: (must be a street address)			
Building Name		Lvl/Unit	
Street		State	
Suburb		ACT	

If the Registered Office above is with your Accountant/Solicitor please include details	
Name of Company/Firm:	
Name of your Advisor	

Company Business Address: (must be a street address)			
Building Name		Lvl/Unit	
Street		State	
Suburb		NSW	

Person 1	Unit Trust Trustee/Officers and Unit Holder Details				Unit Trust has 4 Classes of Units as - \$1.00 Growth \$1.00 Dividend \$1.00 a Select from list
Enter Y/N ?	Office Held	Unit Holder ?	No. of Units ?	Unit Class ?	
	Trustee	NO		Ordinary	
Names ?	First ?	Second ?	Family Name ?		
Examples	John	Henry	JONES		
You					

Home Address			
Street		State	
Suburb			
My Contact Mobile No.		My email	

Person 2	Unit Trust Trustee/Officers and Unit Holder Details				Unit Trust has 4 Classes of Units as - \$1.00 Growth \$1.00 Dividend \$1.00 a Select from list
Enter Y/N ?	Office Held	Unit Holder ?	No. of Units ?	Unit Class ?	
	Trustee	NO		Ordinary	
Names ?	First ?	Second ?	Family Name?		
You					
Home Address					
Street		State			
Suburb					
My Contact Mobile No.		My email			

CONFIRMATION OF UNIT TRUST ORDER TERMS

We the Person/s listed in this order form as proposed Officers or Unit Holders hereby agree that we are engaging A4Cor Ltd. ("A4") to transfer an A4 Unit Trust to me/us as Trustee or Officers and agree that receipt of this form by A4 will be taken as acceptance by A4 to act as our agent for that purpose, and that the selection of the word "YES" in the following Declaration Box will be taken as acceptance to these terms.

I/WE WISH TO MAKE PAYMENT BY: ?	CCard	DECLARATION BOX (Select: Yes or No)
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CREDIT CARD	Please call our office on 1800 264 111 to make Credit Card payments.
CHEQUE	Please Note: Company Registration will held until cheque funds are cleared with our bank.
BANK TRANSFER/DEPOSIT	Please deposit to : A4Companies Pty. Limited at WESTPAC. BSB 032287, Account: 13125

p & FAQ

boxes

ORDER

P Code

P Code

**Income
and Ordinary \$2.00**

P Code

**Income
and Ordinary \$2.00**

P Code

**Companies Pty.
acceptance for
my/our**

NO

