



Order Form – DISCRETIONARY TRUST - BAMFORD AMENDMENTS - July 2018

YOUR FIRM	
YOUR NAME	
DELIVERY ADDRESS	

DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS
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OPTION 1 Deed in triplicate (Hardcopy) <input type="checkbox"/> Yes \$305	OPTION 2 Electronic Deed Only <input type="checkbox"/> Yes \$270	EXTRAS Deed (Hardcopy) <input type="checkbox"/> Yes \$11 Deed (Electronic) <input type="checkbox"/> Yes \$11
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FULL NAME OF TRUST	
DATE OF TRUST DEED	
CLAUSE IN DEED ALLOWING VARIATIONS	

FULL NAME OF SETTLOR	
ADDRESS OF SETTLOR	

EFFECTIVE DATE OF THIS DOCUMENT	
LAWS OF WHICH STATE APPLY TO THIS DOCUMENT	

TRUSTEE 1 FULL NAME	
TRUSTEE 1 A.C.N. (IF APPLICABLE)	
TRUSTEE 1 FULL ADDRESS	
SIGNATORY (FOR MINUTES)	

TRUSTEE 2 (IF ANY) FULL NAME	
TRUSTEE 2 A.C.N. (IF APPLICABLE)	
TRUSTEE 2 FULL ADDRESS	
SIGNATORY (FOR MINUTES)	

FULL NAME OF APPOINTOR	
ADDRESS OF APPOINTOR	

FULL NAME OF 2ND APPOINTOR	
ADDRESS OF JOINT APPOINTOR	

FULL NAME OF GUARDIAN	
ADDRESS OF GUARDIAN	

FULL NAME OF 2ND GUARDIAN	
ADDRESS OF JOINT GUARDIAN	

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name	Cardholder's Signature		