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Order Form – SELF MANAGED SUPER FUND - July 2019

YOUR FIRM			
YOUR NAME			
DELIVERY ADDRESS			
DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS

PLEASE SELECT	Deeds only (3 copies) (\$350)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Register Complete with Dividers (\$55 extra)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Deed only (electronic format) (\$320)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Extra Deed - Hardcopy (\$10 each)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Extra Deed - Electronic (\$10 each)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NAME OF SUPER FUND	
REGISTERED OFFICE	
LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT?	

TRUSTEE(S)

TRUSTEE'S NAME (1ST)	
TRUSTEE'S A.C.N. (if any)	
FULL NAME OF DIRECTOR OF CORPORATE TRUSTEE WHO IS NOT A MEMBER OF THE FUND (IF RELEVANT)	
TRUSTEE'S ADDRESS	
IF TRUSTEE A COMPANY, FULL NAME OF THE CHAIRMAN (FOR COMPANY MINUTES)	

TRUSTEE'S NAME (2ND)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (3RD)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (4TH)	
TRUSTEE'S ADDRESS	

ORDER FORM – SELF MANAGED SUPER FUND (CONTINUED)

MEMBERS

FIRST MEMBER	
DATE OF BIRTH	
ADDRESS	

SECOND MEMBER	
DATE OF BIRTH	
ADDRESS	

THIRD MEMBER	
DATE OF BIRTH	
ADDRESS	

FOURTH MEMBER	
DATE OF BIRTH	
ADDRESS	

CREDIT CARD PAYMENT

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