

INSTRUCTION FORM: PARTNERSHIP TRUST AGREEMENT

YOUR DETAILS

I am _____ an advisor to an individual seeking to set up a partnership trust agreement
_____ an individual seeking to set up a partnership trust agreement

Full name

Address

Phone

Email

PARTNERSHIP DETAILS

Name of partnership: _____

Type of business: _____

Place of business:

Address

PARTNERS

Partner #1

Name of Trust

Date of trust deed

Name of settlor:

Full name

Proportion of equity (%):

Partner #2

Name of Trust

Date of trust deed

Name of settlor:

Full name

Proportion of equity (%):

Partner #3

Name of Trust

Date of trust deed

Name of settlor:

Full name

Proportion of equity (%):

Partner #4

Name of Trust

Date of trust deed

Name of settlor:

Full name

Proportion of equity (%):

If you have additional partners, please include all relevant details in the textbox at the end of this form.

TRUSTEE

Trustee #1

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Trustee #2

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Trustee #3

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Trustee #4

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

If you have additional trustees, please include all relevant details in the textbox at the end of this form.

DIRECTOR(S) OF TRUSTEE

Director #1

Full name

Address

Representative for which Trust: _____

Director #2

Full name

Address

Representative for which Trust: _____

Director #3

Full name

Address

Representative for which Trust: _____

Director #4

Full name

Address

Representative for which Trust: _____

If you have additional directors, please include all relevant details in the textbox at the end of this form.

Are there any other instructions we should know (including additional partners etc)?

BILLING

Your chosen payment method:

Cheque in mail

Direct deposit

Bankcard

Mastercard

Visa

Please send me an invoice, which I agree to pay within 14 days

Card number

Name of cardholder

Expiry date

Direct deposit details:

National Bank Australia (Pirie Street)

BSB: 085-005 Account: 525 554 575

Reference: "Shelfdocs [INSERT YOUR COMPANY NAME HERE]"