

New Unit Trust Form



We appreciate you taking the time to complete the following details.

If you have any questions in relation to the form, please do not hesitate to ask for assistance. *Please refer to the glossary on page 4 for further information on certain terms.*

New Unit Trust Details									
Name of Trust									
Governing State	ACT <input type="checkbox"/>	NSW <input type="checkbox"/>	NT <input type="checkbox"/>	SA <input type="checkbox"/>	QLD <input type="checkbox"/>	TAS <input type="checkbox"/>	VIC <input type="checkbox"/>	WA <input type="checkbox"/>	
Will the chair have a casting vote?	Yes <input type="checkbox"/>				No <input type="checkbox"/>				
Trustee Company									
If company									
A.C.N									
Registered Office Address									
Date of Incorporation	Click or tap to enter a date.								
Officeholders' details									
Officeholder 1									
Full Legal Name									
Residential Address									
Date of birth	Click or tap to enter a date.								
Roles	Director <input type="checkbox"/>		Secretary <input type="checkbox"/>			Public Officer <input type="checkbox"/>			
Director Identification Number									
Contact details	Mobile:				Email address:				
Officeholder 2									
Full Legal Name									
Residential Address									
Date of birth	Click or tap to enter a date.								
Roles	Director <input type="checkbox"/>		Secretary <input type="checkbox"/>			Public Officer <input type="checkbox"/>			
Director Identification Number									
Contact details	Mobile				Email address:				

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New Subscriber / Unit Holder

Subscriber Details – please choose one from the following and complete the below				
Subscriber Type	Individual <input type="checkbox"/>	Trust <input type="checkbox"/>	Company <input type="checkbox"/>	Other:

If an Individual Subscriber	
Full legal name	
Date of Birth	Click or tap to enter a date.
Residential Address	
Contact Details	Mobile: <input type="text"/> Email address: <input type="text"/>
Unit Details	
Number of Units to be held	
Price Per Unit	\$
Total price per unit	\$

If Company Subscriber			
Company name			
A.C.N.			
Date of Incorporation	Click or tap to enter a date.		
Registered Office Address			
If the shares are to be held as trustee for a trust, please provide Trust Name:			
Officeholders' details:			
Full name			
Date of Birth	Click or tap to enter a date.		
Director Identification Number			
Residential Address			
Roles	Director <input type="checkbox"/>	Secretary <input type="checkbox"/>	Public Officer <input type="checkbox"/>
Unit Details			
Number of Units to be held			
Price Per Unit	\$		
Total price per unit	\$		

New Unit Trust Form



If Trust Subscriber			
Trust Name			
Trustee Details			
Trustee Type	Individual <input type="checkbox"/>	Company <input type="checkbox"/>	
If Individual			
Full name			
Date of Birth	Click or tap to enter a date.		
Residential Address			
If Company			
Company Name			
A.C.N.			
Date of Incorporation			
Registered Office			
Officeholders' details:			
Full name			
Date of birth	Click or tap to enter a date.		
Residential address			
Director Identification Number			
Role	Director: <input type="checkbox"/>	Secretary: <input type="checkbox"/>	Public Officer: <input type="checkbox"/>
Unit Details			
Number of Units to be held			
Price Per Unit	\$		
Total price per unit	\$		

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Glossary of Terms

Please see the ABRS website for more information for applying for a Director Identification Number should you not already have obtained one. <https://www.abrs.gov.au/director-identification-number/who-needs-apply-and-when>

Please see ASIC's website for the class of shares register. <https://asic.gov.au/for-business/running-a-company/shares/>