



UNIT TRUST DEED INSTRUCTIONS

Address: 248 Oxford Street
LEEDERVILLE WA 6007

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Attention: Gus Irdi

Postal Address: PO Box 95, Leederville WA 6902

YOUR DETAILS (Block letters)

FIRM	<input type="text"/>		
ADDRESS	<input type="text"/>		<input type="text"/>
	STATE	P'CODE	
CONTACT	<input type="text"/>	PHONE <input type="text"/>	FAX: <input type="text"/>
		EMAIL: <input type="text"/>	

TRUST DETAILS (Block letters)

NAME OF TRUST	<input type="text"/>
COMMENCEMENT DATE OF TRUST	<input type="text"/>

TRUSTEE (Block letters)

NAME	<input type="text"/>									
ADDRESS/REGISTERED OFFICE	<input type="text"/>									
ACN (if applicable)	<input type="text"/>									
DIRECTORS (if applicable)	<table border="1"> <tr><td>Name</td><td><input type="text"/></td></tr> <tr><td>Name</td><td><input type="text"/></td></tr> <tr><td>Chairperson of Meeting</td><td><input type="text"/></td></tr> <tr><td>Address of Meeting</td><td><input type="text"/></td></tr> </table>		Name	<input type="text"/>	Name	<input type="text"/>	Chairperson of Meeting	<input type="text"/>	Address of Meeting	<input type="text"/>
Name	<input type="text"/>									
Name	<input type="text"/>									
Chairperson of Meeting	<input type="text"/>									
Address of Meeting	<input type="text"/>									

UNIT HOLDERS (Block letters)

UNIT HOLDER 1	Number Ordinary Units	<input type="text"/>	Number Special Units	<input type="text"/>
	Price per Unit	\$ <input type="text"/>	Price Per Unit	\$ <input type="text"/>

NAME	<input type="text"/>					
ADDRESS/REGISTERED OFFICE	<input type="text"/>					
ACN (if applicable)	<input type="text"/>					
DIRECTORS (if applicable)	<table border="1"> <tr><td>Name</td><td><input type="text"/></td></tr> <tr><td>Name</td><td><input type="text"/></td></tr> </table>		Name	<input type="text"/>	Name	<input type="text"/>
Name	<input type="text"/>					
Name	<input type="text"/>					

UNIT HOLDER 2	Number Ordinary Units	<input type="text"/>	Number Special Units	<input type="text"/>
	Price per Unit	\$ <input type="text"/>	Price Per Unit	\$ <input type="text"/>

NAME	<input type="text"/>					
ADDRESS/REGISTERED OFFICE	<input type="text"/>					
ACN (if applicable)	<input type="text"/>					
DIRECTORS (if applicable)	<table border="1"> <tr><td>Name</td><td><input type="text"/></td></tr> <tr><td>Name</td><td><input type="text"/></td></tr> </table>		Name	<input type="text"/>	Name	<input type="text"/>
Name	<input type="text"/>					
Name	<input type="text"/>					

UNIT HOLDERS continued (Block letters)

UNIT HOLDER 3	Number Ordinary Units		Number Special Units	
	Price per Unit	\$	Price Per Unit	\$

NAME

ADDRESS/REGISTERED OFFICE

ACN (if applicable)

DIRECTORS (if applicable)

Name

Name

UNIT HOLDER 4

UNIT HOLDER 4	Number Ordinary Units		Number Special Units	
	Price per Unit	\$	Price Per Unit	\$

NAME

ADDRESS/REGISTERED OFFICE

ACN (if applicable)

DIRECTORS (if applicable)

Name

Name

UNIT HOLDER 5

UNIT HOLDER 5	Number Ordinary Units		Number Special Units	
	Price per Unit	\$	Price Per Unit	\$

NAME

ADDRESS/REGISTERED OFFICE

ACN (if applicable)

DIRECTORS (if applicable)

Name

Name

UNIT HOLDER 6

UNIT HOLDER 6	Number Ordinary Units		Number Special Units	
	Price per Unit	\$	Price Per Unit	\$

NAME

ADDRESS/REGISTERED OFFICE

ACN (if applicable)

DIRECTORS (if applicable)

Name

Name

FURTHER INSTRUCTIONS

Please advise any special requirements or further instructions:

METHOD OF DELIVERY

Post	
Courier (fees will be incurred)	
To be collected	