

# Deed of Variation to Discretionary Trust Instructions



**Address:** 248 Oxford Street  
LEEDERVILLE WA 6007

**Enquiries:** Telephone: (08) 9443 2544  
Facsimile: (08) 9444 3808  
E-mail: [gus@irdi.com.au](mailto:gus@irdi.com.au)  
Attention: Gus Irdi

**Postal Address:** PO Box 95, Leederville WA 6902

Please email the completed form to [gus@irdi.com.au](mailto:gus@irdi.com.au)

## Your Details (Block letters)

Firm	<input type="text"/>		
Address	<input type="text"/>		
Contact	<input type="text"/>	Phone	<input type="text"/>
		Email:	<input type="text"/>

## Trust Details (Block letters)

Name of Trust	<input type="text"/>
Commencement Date of Trust	<input type="text"/>

PHARMACY TRUST ONLY – Does this trust need to meet  
Pharmacy Registration Board of Western Australia requirements?      Yes       No

## Current Trustee (Block letters)

### (Corporate Trustee)

Full name	<input type="text"/>									
Registered office	<input type="text"/>									
ACN	<input type="text"/>									
Directors	<table><tr><td>Full name</td><td><input type="text"/></td></tr><tr><td>Full name</td><td><input type="text"/></td></tr><tr><td>Full name</td><td><input type="text"/></td></tr><tr><td>Full name</td><td><input type="text"/></td></tr></table>		Full name	<input type="text"/>	Full name	<input type="text"/>	Full name	<input type="text"/>	Full name	<input type="text"/>
Full name	<input type="text"/>									
Full name	<input type="text"/>									
Full name	<input type="text"/>									
Full name	<input type="text"/>									

## OR

### (Personal Trustee(s))

Full name	<input type="text"/>
Residential address	<input type="text"/>
Full name	<input type="text"/>
Residential address	<input type="text"/>

## Current Guardian Details (Block letters)

Full name	<input type="text"/>
Residential address	<input type="text"/>
Full name	<input type="text"/>
Residential address	<input type="text"/>

**If Change of Trustee Required (Block letters)****New Trustee Details:****(Corporate Trustee)**

Name		
Registered office		
ACN		
Directors	Full name	
	Full name	
	Full name	
	Full name	

**OR****(Personal Trustee(s))**

Full name	
Residential address	
Full name	
Residential address	

**If Change of Guardian Required (Block letters)****New Guardian Details:**

Full name	
Residential address	
Full name	
Residential address	

**Further Instructions**

Please advise any special requirements or further instructions:

<b>Method of Delivery</b>	
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Courier (fees will be incurred)	<input type="checkbox"/>
To be collected	<input type="checkbox"/>