

smsf+options

PERSON/ADVISOR ORDERING FUND

Full Name

Company

Postal Address

Phone

Email

NEW FUND DETAILS

Proposed Name of Fund

Primary Contact

Fund Address

Postal Address

Meeting Address

TRUSTEE COMPANY DETAILS

Preferred Company Name

Is your preferred name available?

Yes
No

Is this a Sole Purpose
SMSF Trustee Company?

Yes
No

- [Click here to check](#)

State of registration of the
company?

NSW
WA

VIC
TAS

QLD
ACT

SA
NT

Registered office of the company

Will the Company occupy this office? Yes No

If No, what is the name of the occupier of the office?

Principal place of business of the Company

Do you wish to appoint SMSF Options Pty Ltd as registered agents? Yes No

Office Holders/Members

Member 1 / Director 1

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

DOB

TFN

Position

Director

Secretary

Member

Public Officer

Chairman

Number of Shares

Amount per Share

Share Class

Declaration

I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to act as a Director/Secretary/Public Officer of the above named; &
- I accept the proposed constitution of the above named

Signature

Date

Office Holders/Members (cont.)

Member 2 / Director 2

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

DOB

TFN

Position

Director

Secretary

Member

Public Officer

Chairman

Number of Shares

Amount per Share

Share Class

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Signature

Date

Office Holders/Members (cont.)

Member 3 / Director 3

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

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Office Holders/Members (cont.)

Member 4 / Director 4

First Name

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Date

Further Information

For further information or assistance in completing this form, please contact

Guy Wuoti on 0432 634 047,

Please email completed forms to: admin@smsfoptions.com

or post to:

SMSF Options Pty Ltd

PO Box 108

CHIRN PARK QLD 4215