

ORDER FOR DISCRETIONARY TRUST

PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).

NAME OF TRUST:

DATED:

TRUSTEE(S):

Name and Address(s):

For a Corporate Trustee(s), advise A.C.N., Registered Office and Names of Director and Secretary.

Trustee Name	Address	A.C.N. of Corporate Trustee (if applicale)	Registered Office (of Corporate Trustee)
1)			
2)			
3)			
4)			

SETTLOR:

Name and Address:

Please advise if you wish us to act as the Settlor.

SETTLEMENT SUM:

APPOINTOR(S):

Name and Address(s)

PRIMARY BENEFICIARIES:
Names (Addresses are optional)

Beneficiary Name	Address (Optional)
1)	
2)	
3)	
4)	

ORDERED BY:

NAME/ADDRESS OF FIRM:

TEL:

FAX:

DATE:

MCP BUSINESS STRUCTURES PAYMENT FORM

REGARDING YOUR TAX INVOICE

ABN: 47 094 435 015

PAYMENT BY DIRECT DEPOSIT

PLEASE DEPOSIT TO THE ACCOUNT BELOW

MCP Business Structures
Commonwealth Bank, 221 William Street, Melbourne Victoria 3000
BSB 063 009 A/C No. 1021 4459

Please Complete and Fax payment to (03) 9620 2002

Or email evidence of payment.

OR

PAYMENT BY OR CREDIT CARD

PLEASE TEAR OFF THIS PART AND RETURN WITH YOUR PAYMENT

Please Tick



Cardholders Name: _____

Card Number: ----- / ----- / ----- / ----- Expiry Date ____ / ____

Invoice Number/Matter: _____

Amount: \$ _____

Best Phone Number: _____

Signature: _____

In addition, I hereby authorise you to use the above credit card details for payment of all future accounts for orders with MCP Business Structures, at the time I make those orders, until further notice.

Signature: _____

Thank you for your business.
