



Level 7, 520 Collins Street  
Melbourne Victoria 3000  
Phone: (03) 9620 2001  
Facsimile: (03) 9620 2002  
www.mcpgroup.com.au

## ORDER FOR UNIT TRUST

**PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).**

**NAME OF TRUST:**

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**DATE:**

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**TRUSTEE(S):**

Names and Address(s)

For a Corporate Trustee(s), advise ACN, Registered Office, and Name of Director & Secretary

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

**UNIT HOLDERS:**

Names Address - For a Corporate Unit Holder please advise of the appropriate ACN and Registered Office and the number and the classes of units to be issued.

If any Units are to be partially paid at the date of application, please provide details

Unit Holder Name	Address of Unit Holder	A.C.N. of Unit Holder	Registered Office of Unit Holder	Number and Class of Shares	Fully Paid?
1)					
2)					

Unit Holder Name	Address of Unit Holder	A.C.N. of Unit Holder	Registered Office of Unit Holder	Number and Class of Shares	Fully Paid?
3)					
4)					

**PLEASE INDICATE IF THIS IS TO BE A "HYBRID" UNIT TRUST:** Yes  No

ORDERED BY:

NAME/ADDRESS OF FIRM:

TEL.

FAX:

DATE.

## **MCP BUSINESS STRUCTURES PAYMENT FORM**

### **PAYMENT BY DIRECT DEPOSIT**

MCP Business Structures  
Bank: ANZ  
BSB: 013 006  
Account No. 491795994

Please email or fax evidence of your payment.

Fax: (03) 9620 2002 or email: [accounts@mcpgroup.com.au](mailto:accounts@mcpgroup.com.au)

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### **PAYMENT BY CREDIT CARD**

TO PROCESS YOUR PAYMENT PLEASE RETURN

Please Tick



Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice Number/Matter: \_\_\_\_\_

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 until further notice.

Signature: \_\_\_\_\_

Thank you for your business.

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