



SHELF
COMPANY SERVICES

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Office: By Appointment Only



Standard Unit Trust (Fixed)

Firm (if any)	_____	Date	_____
Contact Person	_____	Phone	_____
Email	_____	Ref No.	_____

SHELF COMPANY SERVICES AUSTRALIA PTY LTD act only as agents in the provision of Trust Deeds. Each individual Deed is prepared by the Solicitors whose name appears on the cover sheet. Individuals or professional firms ordering a Trust Deed should satisfy themselves that the Deed meets their requirements.

Full documentation hard copy version

Digital version

Name of Trust _____

Stamp Duty

Please contact the Office of State Revenue regarding duty payable on the establishment of this deed.

Applicable Law

Unless otherwise indicated below the trust deed will state that the applicable law for the trust is the law of **QUEENSLAND**. If you require the law of another State to apply instead please indicate. _____

Initial Trust Property

The Deed does not require a Settlor. The initial trust property of the trust is the amount paid by the i.e. Subscriber(s) to the Trustee upon executing the Trust Deed **and these monies are referred to as Application Monies in the Deed.**

Trustee

Name _____
(Full name or Company name and A.C.N.)

Address _____

Name _____
(Full name or Company name and A.C.N.)

Address _____

if the Trustee is a company, please give the full names of the Directors

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Please complete details of Unitholders on the next page

Unitholders

These are the persons or entities subscribing for Units.

Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

Number of units	_____
Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

Number of units	_____
Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

Number of units	_____
Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

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Address	_____

Number of units	_____
Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

Number of units	_____
Name	_____
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	_____

Number of units	_____

Application Monies

This is the money paid or to be paid by the Subscriber(s) (i.e. the Unit Holders) in consideration of the issue to them of the Units.

Total Number of Units _____ at \$ _____ Per Unit (e.g. Total Number of Units **10** at **\$1.00** per unit)