

ACN 608 393 451 ABN 52 608 393 451

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Office: By Appointment Only

Deed of Variation

FIRM (If any)	Date		
Contact Person	Phone		
Email	Ref No.		
SHELF COMPANY SERVICES AUSTRALIA PTY LTD Solicitors whose name appears on the cover sh Deed meets their requirements.			
Existing deed - Copy (include any p	previous variations) must be supplied		
Stamp Duty			
Please contact the Office of State Revenue	e regarding any duty payable on the varia	ation to your deed	d.
Name of trust			
Type of trust deed to be varied ☐ Disc	cretionary trust 🔲 Self managed Supera	annuation Fund	☐ Unit trust ☐ Other
Type of variation			
Trust name	☐ New name	☐ Other	
Trustee	☐ Resigned	☐ Other	Additional
Beneficiaries	☐ Additional	☐ Other	
Self managed superannuation fund	☐ Update to reflect current law (Extra Cost to reflect current law- Call for price)	☐ Other	
Trustee(s) (Cont. = continuing, New	= new, Ret./Rem = retiring/removed)		
Name	e and all given names or Company name and ACN)		□ Cont □ New □ Ret./Rem
Address	e and an given names of Company name and ACN)		
Name			□ Cont □ New □ Ret./Rem
Address (Surname	e and all given names or Company name and ACN)		
Addiess			
Name			□ Cont □ New □ Ret./Rem
Address (Surname	e and all given names or Company name and ACN)		