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SMS	SF/TRUST CHANGE OF NAME			Please complete all details in block letters			
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Person ordering:							
Street address:							
Postal address (if different):							
Phone:		Email:					
Tick here ☐ if we are to invoice the fund's trustee (otherwise, our invoice will be made out to the person ordering)							
Documents will be delivered by email as PDF files		Tick here ☐ for hardcopy delivery (fee applies)					
NAME OF FUND							
Current name of fund/trust:							
Proposed name of fund/trust:							
Pleas	se provide a copy of the current deed which is da	ated (dd/mm	/yyyy):				
	this SMSF established, varied or updated by DB se provide deed reference (eg, 1234:176026) (lo			Yes			
	, , , , , , , , , , , , , , , , , , , ,			,			
COM	IPANY TRUSTEE						
Company name:							
ACN:							
Registered office:							
Full names of all directors							
T1		T2					
T3		T4					
OR,	INDIVIDUAL TRUSTEES						
T1	Full name:						
T1	Street address:						
T2	Full name:						
12	Street address:						
Т3	Full name:						
	Street address:						
T4	Full name:						
14	Street address:						

MEMBERS (for an SMSF only)					
M1	Full name:	T1? 🗌			
	Street address:				
M2	Full name:	T2? 🗌			
	Street address:				
M3	Full name:	T3? 🗌			
	Street address:				
M4	Full name:	T4? □			
	Street address:				
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