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UNIT TRUST		<i>Please complete all details in block letters</i>
Firm ordering (if applicable):		
Person ordering:		
Street address:		
Postal address (if different):		
Phone:	Email:	
Tick here if we are to invoice the 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) Tick here <input type="checkbox"/> if you want a ring binder	

IMPORTANT NOTE — FIXED TRUST
<p>Please note that the unit trust ordered will be drafted to be a fixed trust for New South Wales land tax purposes. This is a strict standard that also satisfies certain other tax criteria. Note that the special rules included for this purpose cannot be varied. This is to make sure the strict standard is met. For example, only one class of units may be issued, and the unitholders are presently entitled to income and capital in the same fixed proportions. If you wish to have a different unit trust drafted, please contact our office.</p>

NAME OF TRUST
Name of trust:

COMPANY TRUSTEE	If company ordered from DBA, tick here	(a company form should also be completed).
Company name:		
ACN:		
Registered office:		
Full names of all directors		
T1	T2	
T3	T4	

OR, INDIVIDUAL TRUSTEES	
T1	Full name: Street address:
T2	Full name: Street address:
T3	Full name: Street address:
T4	Full name: Street address:

UNITHOLDERS	
Unitholder 1 - Full name: T1?	ACN (if company):
Street address:	Number of units:
	Consideration if other than \$1 per Unit?:
If unit holder is holding on behalf of a trust or SMSF, provide the full name of the trust or SMSF:	
Unitholder 2 - Full name: T2?	ACN (if company):
Street address:	Number of units:
	Consideration if other than \$1 per Unit?:
If unit holder is holding on behalf of a trust or SMSF, provide the full name of the trust or SMSF:	
Unitholder 3 - Full name: T3?	ACN (if company):
Street address:	Number of units:
	Consideration if other than \$1 per Unit?:
If unit holder is holding on behalf of a trust or SMSF, provide the full name of the trust or SMSF:	
Unitholder 4 - Full name: T4?	ACN (if company):
Street address:	Number of units:
	Consideration if other than \$1 per Unit?:
If unit holder is holding on behalf of a trust or SMSF, provide the full name of the trust or SMSF:	
All units will be issued as fully paid \$1.00 units unless instructed otherwise.	

SPECIAL INSTRUCTIONS
As a law firm we are not licensed to provide financial product advice under the <i>Corporations Act 2001</i> (Cth).