



TO: Cooper Grace Ward
Level 21, 400 George Street, Brisbane 4000
GPO Box 834, Brisbane 4001

T 61 7 3231 2402
E applications@cgw.com.au
W www.cgw.com.au

1. Applicant / Accountant details

Firm name:			
Contact name:			
Telephone:			
Email address:			
Postal address:			
Suburb/City:	State:	Postcode:	
Street Address:			
Suburb/City:	State:	Postcode:	

How would you like the documents sent to you?

Email PDF copy Hard copy

2. Trust details

Name of trust:	
Date of trust deed:	

3. Please send us the following documents with this application form

Complete copy of signed trust deed:	<input type="checkbox"/>
All deeds of variation and other documents:	<input type="checkbox"/>
All change of trustee/appointor/principal documents:	<input type="checkbox"/>

4. Current trustee details

(a)	Name:	
	ACN (if company):	
	Full names of all directors (if company):	
	Address of individual trustee or directors of trustee company:	
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee
(b)	Name:	
	ACN (if company):	
	Full names of all directors (if company):	
	Address of individual trustee or directors of trustee company:	
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee

5. Current appointor / principal / guardian details

Role:	<input type="checkbox"/> Appointor <input type="checkbox"/> Principal <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Full name(s):	

6. Trust assets

What assets does the trust hold?	<input type="checkbox"/> real estate <input type="checkbox"/> shares <input type="checkbox"/> cash <input type="checkbox"/> other _____
Where does the trust hold assets?	QLD NSW VIC WA SA TAS NT ACT Overseas

7. Existing beneficiaries

Are any of the default, primary or named beneficiaries foreign persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Once you have reviewed and signed this form, please email it to applications@cgw.com.au.

 Signature of applicant

 Date

OPTIONAL – Payment by credit card

If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.

Card type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number:		Expiry date (mm/yy):	
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:		Contact phone no.:	