

SamarasLawyers

UNIT TRUST INSTRUCTION SHEET

Trust Name		
Type of Unit Trust	Fixed Trust for NSW Land Tax	Not Fixed for NSW Land Tax
Trustee/s Name		
Trustee ACN		
Trustee Address (Registered Office)		
Name of 1st Director of Trustee (or sole director)		
Address of 1st Director of Trustee (or sole director)		
Name of other directors of Trustee		
Settlor Name		
Settlor Address		
Settlement Sum	\$	
Name of Unit Holder no. 1 (include capacity if trustee)	<i>(Eg. ABC Pty Ltd as trustee for the ABC Family Trust)</i>	
Address/ Registered office of Unit Holder		

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Liability limited by a scheme approved under Professional Standards Legislation

Name of 1st or sole Director of Unit Holder	
Name of Unit Holder no. 2 (include capacity if trustee)	
Address/ Registered office of Unit Holder	
Name of 1st or sole Director of Unit Holder	
Name of Unit Holder no. 3 (include capacity if trustee)	
Address/ Registered office of Unit Holder	
Name of 1st or sole Director of Unit Holder	
Name of Unit Holder no. 4 (include capacity if trustee)	
Address/ Registered office of Unit Holder	
Name of 1st or sole Director of Unit Holder	
Name of Unit Holder no. 5 (include capacity if trustee)	
Address/ Registered office of Unit Holder	
Name of 1st or sole Director of Unit Holder	
Name of Unit Holder no. 6 (include capacity if trustee)	

Address/ Registered office of Unit Holder		
Name of 1st or sole Director of Unit Holder		
Name of Unit Holder no. 7 (include capacity if trustee)		
Address/ Registered office of Unit Holder		
Name of 1st or sole Director of Unit Holder		
Name of Unit Holder no. 8 (include capacity if trustee)		
Address/ Registered office of Unit Holder		
Name of 1st or sole Director of Unit Holder		
Send via	Email	Courier
(tick either or both)	Email address:	
Address if Courier	Courier address:	
Special Instructions		

Payment Options

(a) Please charge my credit card (if you choose this option please complete and fax or email this page to 02 9247 2222 or office@samarasalawyers.com.au)	
Card Type Type (surcharge fee applies)	Visa MasterCard American Express
Card No:	
Expiry Date:	_____ / _____
Credit Card CCV No. (the last digits on front or reverse of card)	
Name on Card	
Amount	\$
Cardholders Signature	
(b) Paying an invoice by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Branch Number: 082 057 Account Number: 1964 08066
(c) Paying an amount into our trust account by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Law Practice Trust Account Branch Number: 082 057 Account Number: 1964 49247
(d) Post a cheque or money order to:	Samaras Lawyers PO Box 2717 Taren Point NSW 2229