

TO: CGW Structures  
 Level 21, 400 George Street, Brisbane 4000  
 GPO Box 834, Brisbane 4001

F 61 7 3231 8955  
 T 61 7 3231 2955  
 E info@cgw\_structures.com.au

**1. Applicant / Accountant details**

Firm name:			
Contact name:			
Telephone:		Fax:	
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 (you will also receive a PDF copy)

**2. Fund name**

Name of fund:	
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**3. Corporate trustee**

*Leave this section blank if the trustees are to be individuals.*

Company name:	
ACN:	
Full names of all directors:	

**4. Members and individual trustees**

*If there are more than two members please copy this table and attach the information with this application form.*

(a)	Full name:		
	Residential address:		
	Date of birth:		This person is a: <input type="checkbox"/> Trustee <input type="checkbox"/> Member
	Tax file number (optional):		
(b)	Full name:		
	Residential address:		
	Date of birth:		This person is a: <input type="checkbox"/> Trustee <input type="checkbox"/> Member
	Tax file number (optional):		

\_\_\_\_\_  
 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.:	