

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@cgwstructures.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.:	