

TRUST NAME

Name of Trust

State of Trust

TRUSTEE 1

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name

PO Boxes are not acceptable here

Suburb/City

State/Territory

Postcode

Country (if not Australia)

TRUSTEE 2

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name

PO Boxes are not acceptable here

Suburb/City

State/Territory

Postcode

Country (if not Australia)

FOUNDER

Founder Name

*The founder must not be a director of the Trustee Company
- should be independent of Trustee and all beneficiaries*

Settled Sum (\$)

Gift never to be refunded

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

UNITHOLDER 1

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Trust Name (If units are held by a Trustee on behalf
of a Trust, please enter the name of that Trust.)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Number of Ordinary Units Required

Number of Special Units Required

Are these units held jointly?

Full Name of joint unitholder

Address of joint unitholder

UNITHOLDER 2

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Trust Name (If units are held by a Trustee on behalf of a Trust, please enter the name of that Trust.)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Number of Ordinary Units Required

Number of Special Units Required

Are these units held jointly?

Full Name of joint unitholder

Address of joint unitholder

UNITHOLDER 3

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Trust Name (If units are held by a Trustee on behalf of a Trust, please enter the name of that Trust.)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Number of Ordinary Units Required

Number of Special Units Required

Are these units held jointly?

Full Name of joint unitholder

Address of joint unitholder

UNITHOLDER 4

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Trust Name (If units are held by a Trustee on behalf of a Trust, please enter the name of that Trust.)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Number of Ordinary Units Required

Number of Special Units Required

Are these units held jointly?

Full Name of joint unitholder

Address of joint unitholder

UNITHOLDER 5

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Trust Name (If units are held by a Trustee on behalf of a Trust, please enter the name of that Trust.)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Number of Ordinary Units Required

Number of Special Units Required

Are these units held jointly?

Full Name of joint unitholder

Address of joint unitholder

ADDITIONAL SERVICES (if required please also complete page 5 of this form)

Would you like your documents printed, bound and delivered?

Do you require stamping? South Australia only

Do you require registration for an ABN?

Do you wish to register a business name to trade under – 1 year?

Do you wish to register a business name to trade under – 3 years?

*For pricing, please refer to our online price list ([Click Here](#))***ADDITIONAL NOTES**

Provide additional notes and/or instructions

DECLARATIONS

Appointment of Agent

To ABN Australia: You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to completion of materials in a register and delivery of same we shall pay you such amounts as agreed.

Legal Disclaimer

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS

Firm/organisation (if applicable)

Please select your industry type

Contact Person

Phone Number

Email Address

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

PAYMENT DETAILS

Total Value of Order (\$)

Payment Method

Visa

Mastercard

Bank Transfer

Name of Cardholder

Credit Card Number

Expiry

CCV

BANK ACCOUNT DETAILS

Please make bank transfers to:

Bank: ANZ Banking Group

BSB: 015-056

Account: 225324305

Ref: Please use name of Trust

Please email this completed form to team@cosecpartners.com.au

ABN REGISTRATION

Describe your main business activities (in detail)

Authorised Email Address

Authorised Contact Person

Authorised Phone Number

Est. annual turnover (\$)

Wish to apply for GST?

GST accounting method

BUSINESS NAME REGISTRATION

Business Name

Contact Person

Contact Email Address

ABN & BUSINESS NAME REGISTRATION DECLARATION

Business Name Registration

I declare that CoSec Partners (ABN 58 615 782 799) is, if required, authorised to submit a business name application to the Australian Securities & Investments Commission (ASIC) on my behalf. I understand that CoSec Partners will utilise information supplied by me in this form to apply for a business name as instructed.

ABN Registration

I also declare that CoSec Partners is, if required, authorised to submit an ABN application to the Australian Tax Office on my behalf. I confirm that I have received the consent of all individuals referred to in this application form, to the submission of their personal information contained in this form to CoSec Partners and to the ATO and ASIC as necessary to process this application. I also confirm:

- I am not disqualified from managing corporations under Section 206B(1) of the Corporations Act 2001.
- Within the last 5 years I have not been convicted of, or released from prison after being convicted of, and serving a term of imprisonment for, any of the criminal offences referred to in Section 32(1)(c) or (d) of the Business Names Registration Act 2011.
- This application is submitted under, and is compliant with, the terms and conditions of the ASIC Electronic Lodgement Protocol.
- The information supplied is, to the best of my knowledge, accurate and complete.
- I understand the best structure for my business (Company).
- I have the TFN, date of birth and name, OR name, address and date of birth for all key people in my business.
- I am not applying just because I have been asked to get an ABN as a condition of employment.
- I meet a number of the key characteristics of a business, or will once started, for example sourcing my own clients, I can delegate my work to others if I choose, I will invoice for my work and set my rate of pay, I will have a bank account for my business separate from my own bank account, I am responsible for my own public liability, professional indemnity and/or workers compensation/ income protection insurance.
- I can provide evidence that I am entitled to an ABN if requested.
- To provide true and correct information in my ABN application. Penalties of up to \$12,600 can apply for each false or misleading statement made in an ABN application.
- Once I have an ABN I must keep it up to date (within 28 days of any change) and cancel it once I am no longer trading or carrying on an enterprise.

ADDITIONAL NOTES

Provide additional notes and/or instructions