

## **CUSTODIAL TRUST ORDER FORM**

**PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).**

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**PREFERRED NAME OF CUSTODIAL TRUST:**

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**DETAILS OF TRUST DEED:-**

(Please provide a copy of the Trust Deed to assist our office)

**TRUSTEE:**

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**BENEFICIARY:**

(this is your Super Fund - please provide name/s of Trustee/s and name of Fund)

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**PROPERTY ADDRESS:**

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**FINANCIAL INSTITUTION INVOLVED:**

**DOES YOUR LENDER REQUIRE THE TRUSTEE TO BE LISTED AS A COMPANY?** (Please contact your lender to confirm)

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**DO YOU REQUIRE OUR ASSISTANCE IN REGISTERING A COMPANY?**

(If so, please complete a company order form)

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**ORDERED BY:**

**NAME/ADDRESS OF FIRM:**

**TEL.**

**FAX:**

**DATE**



**MCP**  
FINANCE BROKERS  
& LAWYERS

LEVEL 7, 520 COLLINS STREET  
MELBOURNE VIC 3000 ABN 16 109 736 218  
PHONE: 03 9620 2001 FACSIMILE: 03 9620 2002  
WEB: WWW.MCPGROUP.COM.AU  
DX 30855 MELBOURNE STOCK EXCHANGE

## MCP BUSINESS STRUCTURES PAYMENT FORM

REGARDING YOUR TAX INVOICE

ABN: 47 094 435 015

### PAYMENT BY DIRECT DEPOSIT

MCP Business Structures  
Bank: ANZ  
BSB: 013 006  
Account No. 491795994

**Please email or fax evidence of your payment.**

**Fax: (03) 9620 2002 or email: [accounts@mcpgroup.com.au](mailto:accounts@mcpgroup.com.au)**

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### PAYMENT BY CREDIT CARD

TO PROCESS YOUR PAYMENT PLEASE RETURN

Please Tick



Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ CCV #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice Number/Matter: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

In addition, I hereby authorise you to use the above credit card details for payment of all future accounts for orders with MCP Business Structures until further notice.

Signature: \_\_\_\_\_

Thank you for your business.



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BUSINESS  
SOLUTIONS  
BUILT ON  
TRUST

>FINANCE BROKING >LEGAL >PROPERTY >CONVEYANCING  
>ESTATE PLANNING >BUSINESS ADVICE >BUSINESS FORMATIONS



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