



**QUAY
SUPER
SOLUTIONS**

Self Managed Super Specialists

SMSF CORPORATE TRUSTEE INSTRUCTION SHEET

154 High Street Fremantle WA 6160
PO Box 39 Fremantle WA 6959
Ph: 08 9335 5211
Fx: 08 9335 5478
admin@quaysuper.com.au
www.fajfp.com.au
ABN 92 827 728 023

Firm name:		
Contact person:		
Delivery address:		
Phone:	Fax:	Email:

Name of company (1 st preference):	
Name of company (2 nd preference):	

ADDRESSES	
Registered Office:	
Occupier's name (if the company does not occupy the office):	
Principal place of business:	

MEMBER & OFFICEHOLDER NO 1	
Surname:	
Given names:	
Former names:	
Residential address: (not postal)	
DOB:	
Place of birth (town/state/country):	
No of ordinary shares:	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Chairman <input type="checkbox"/> Public Officer	

MEMBER & OFFICEHOLDER NO 2	
Surname:	
Given names:	
Former names:	
Residential address: (not postal)	
DOB:	
Place of birth (town/state/country):	
No of ordinary shares:	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Chairman <input type="checkbox"/> Public Officer	

Disclaimer: We prepare documents based on your written instructions. We provide no advice unless specifically requested to in writing. Tax and superannuation rules are subject to ongoing changes and substantial penalties can be imposed for any breach. Accordingly expert advice should be obtained whenever in doubt.



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MEMBER & OFFICEHOLDER NO 3	
Surname:	
Given names:	
Former names:	
Residential address: (not postal)	
DOB:	
Place of birth (town/state/country):	
No of ordinary shares:	
<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="checkbox"/> Chairman	<input type="checkbox"/> Public Officer

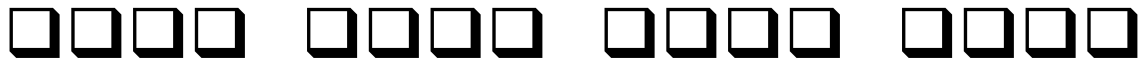
MEMBER & OFFICEHOLDER NO 4	
Surname:	
Given names:	
Former names:	
Residential address: (not postal)	
DOB:	
Place of birth (town/state/country):	
No of ordinary shares:	
<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="checkbox"/> Chairman	<input type="checkbox"/> Public Officer

Signed by person placing order:	Date: / / 20
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PLEASE NOTE WE ARE UNABLE TO PROCESS YOUR INSTRUCTIONS UNTIL PAYMENT IS RECEIVED

Payment details:

- Enclose cheque payable to Quay Super Solutions for \$840
- Please debit my: Mastercard Visa for \$840



Expiry date: /
 Cardholders name:
 Cardholders signature:

- Direct deposit into: BSB 066 107 Account number 10338784
- We will send you a tax invoice in due course.

Please send completed form to either:

PO Box 39 Fremantle WA 6959
 Fax: (08) 9335 5478
 Email: order@quaysuper.com.au