



**QUAY  
SUPER  
SOLUTIONS**

Self Managed Super Specialists

# NEW FUND FAJ 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 fund:	
Postal address:	

Number of members: (maximum 4)	
Individual 1 surname:	
Individual 1 given names:	
Individual 1 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 2 surname:	
Individual 2 given names:	
Individual 2 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 3 surname:	
Individual 3 given names:	
Individual 3 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 4 surname:	
Individual 4 given names:	
Individual 4 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

**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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Name of corporate trustee: (if applicable)	
Director 1:	
Director 2:	
Director 3:	
Director 4:	
ACN:	
ABN:	
Date of incorporation:	
Address of registered office:	

Trustee meeting address:	

Special instructions:	

Signed by person placing order:	
	Date:    /    / 20

Payment details:

- Enclose cheque payable to Quay Super Solutions for \$561
- Please debit my:  Mastercard     Visa    for \$561



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