## +Addept chartered accountants + business advisors

|    |  | Please complete |
|----|--|-----------------|
| Ne | w Discretionary Trust with Individual Trustee  |                 |
| •  | Name of trust  |                 |
| •  | Principal place of business (Please note that this must be a physical address and cannot be a PO Box). |                 |
| •  | Principal / Appointer – person who appoints the trustee  |                 |
| •  | Primary beneficiary 1  |                 |
|    | <ul> <li>o Full name</li> </ul>  |                 |
|    | <ul> <li>Street address</li> </ul>   |                 |
|    | <ul> <li>Date of birth</li> </ul>  |                 |
|    | <ul> <li>Tax file number</li> </ul>  |                 |
| •  | Primary beneficiary 2 (if applicable)  |                 |
|    | <ul> <li>Full name</li> </ul>  |                 |
|    | <ul> <li>Street address</li> </ul>   |                 |
|    | <ul> <li>Date of birth</li> </ul>  |                 |
|    | o Tax file number  |                 |
| •  | Individual Trustee 1   |                 |
|    | o Surname  |                 |
|    | <ul> <li>Given names</li> </ul>  |                 |
|    | <ul> <li>Former or maiden names</li> </ul>   |                 |
|    | <ul> <li>Residential address (the address cannot be a post office box<br/>address)</li> </ul>          |                 |
|    | • Mobile phone   |                 |
|    | <ul> <li>Date of birth</li> </ul>  |                 |
|    | <ul> <li>Place of birth</li> </ul>   |                 |
| •  | Individual Trustee 2 (if applicable)   |                 |
|    | o Surname  |                 |
|    | o Given names  |                 |
|    | <ul> <li>Former or maiden names</li> </ul>   |                 |
|    | <ul> <li>Residential address (the address cannot be a post office box<br/>address)</li> </ul>          |                 |
|    | • Mobile phone   |                 |
|    | <ul> <li>Date of birth</li> </ul>  |                 |
|    | <ul> <li>Place of birth</li> </ul>   |                 |
|    |  |                 |

Addept.com.au enquire@addept.com.au PO Box 7455 Hutt Street SA 5000 **F** 08 8418 2199

P 08 8418 2111

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|                                 |   | Please complete |
|---------------------------------|---|-----------------|
| Other Registrat                 | ion Details   |                 |
| Would you like us to apply for: |   |                 |
| • Tax Fil<br>(ABN)?             | e Number (TFN) and Australian Business Number   | Yes             |
|                                 | provide a description of your main business activity  |                 |
| GST re                          | gistration?   |                 |
| lf yes, t                       | hen please provide details as follows:  |                 |
| 0                               | Estimated annual turnover?  |                 |
| 0                               | Monthly, Quarterly or Annual lodgment of Business<br>Activity Statement (BAS)   |                 |
| 0                               | Cash or Accruals basis of remittance  |                 |
| • PAYG                          | Withholding Employer registration?  |                 |
| lf yes, t                       | hen please provide details as follows:  |                 |
| 0                               | Date withholding will commence?   |                 |
| 0                               | Will the entity pay royalties, dividends or interest to<br>non-residents or report investment income paid to<br>Australian residents? |                 |
| 0                               | Estimated number of employees?  |                 |
| 0                               | Estimated annual gross wages?   |                 |
| 0                               | Estimated annual tax withheld from wages?   |                 |
| Domain Name                     |   |                 |
| You should con required         | sider if you require a domain name and register if  |                 |

Our standard fee for the setup of your entity, together with the Australian Securities and Investments Commission (ASIC) and Legal Document fees, which we will charge for reimbursement, are set out below:

| Our fee for services<br>Trust Deed | \$300.00<br>\$260.00 |
|------------------------------------|----------------------|
| Total before GST                   | \$560.00             |
| GST                                | \$56.00              |
| Total including GST                | \$616.00             |

Please confirm that you would like Addept Pty Ltd to assist in the setup of the new entity, as requested above, and that you accept the associated fees and charges to be paid upon issue of our invoice to you:

Level 1, 202 Hutt Street Adelaide SA 5000

PO Box 7455 Hutt Street SA 5000 **F** 08 8418 2199

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| Signature: | Signature: |
|------------|------------|
|            |            |
| Name:      | Name:      |
|            |            |
| Date:      | Date:      |

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Liability limited by a scheme approved under Professional Standards Legislation Sarah Robinson BAC CA, Principal Addept Pty Ltd ABN 87 504 997 621

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