|  |  |
| --- | --- |
| ACN 079 220 901  [admin@banksiacorporate.com.au](mailto:admin@banksiacorporate.com.au)  [www.banksiacorporate.com.au](http://www.banksiacorporate.com.au) Phone (03) 9734 6780  **Order Form – DISCRETIONARY TRUST BAMFORD AMENDMENTS – 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |  |
| Your Name |  |
| Delivery Address |  |
| Date |  |
| Phone Number |  |
| Email Address |  |
|  |  |
| Option 1 – Deed in Triplicate (Hardcopy) POA Y/N? |  |
| Option 2 – Electronic Deed Only POA Y/N? |  |
| Additional Deed (Hard Copy) $22 Y/N? |  |
| Additional Deed (Soft Copy) $22 Y/N? |  |

# Trust Details

|  |  |
| --- | --- |
| Name of Trust |  |
| Date of Original Deed |  |
| Dates of any Variations Since Establishment |  |
| Effective Date of This New Document |  |
| Clause in Deed Allowing Variations |  |
| Laws of Which State/Territory Apply to This Document? |  |
| Settlor’s Name |  |
| Settlor’s Address |  |

# 

# Trustees

|  |  |
| --- | --- |
| Full Name |  |
| A.C.N. (if applicable) |  |
| Full Address |  |
| Signatory’s Name for Minutes |  |

| **Full Name** |  |
| --- | --- |
| **A.C.N. (if applicable)** |  |
| **Full Address** |  |
| **Signatory’s Name for Minutes** |  |

# Appointors

|  |  |
| --- | --- |
| **Full Name** |  |
| **Full Address** |  |
|  |  |
| **Full Name** |  |
| **Full Address** |  |
|  | |
| Guardians | |
| **Full Name** |  |
| **Full Address** |  |
|  |  |
| **Full Name** |  |
| **Full Address** |  |
|  | |
| Credit Card Payment | |
| **Cardholder’s Name** |  |
| **Credit Card No.** |  |
| **Expiry Date** |  |
| **Amount** |  |
| **Cardholder’s Signature** |  |