

**eDOCS PTY LTD**  
**A.C.N. 096 264 667**

**Postal Address:**  
PO Box 12784  
A'Beckett Street  
MELBOURNE VIC 8006

**Office Address:**  
Level 11  
160 Queen Street  
MELBOURNE VIC 3000

**Contact:**  
eMail: mail@edocs.net.au  
PH: (03) 9606 0622  
FAX: (03) 9642 2394

**DISCRETIONARY TRUST ORDER FORM**

**Applicant Details**

Organisation Name:

Contact Person:

Ph:

Email:

Fax:

**Street Address:**

**Postal Address:**

Suburb:

Suburb:

State: P/C:

State: P/C:

Preferred Delivery Address:

Street Address

Postal Address:

Other (please specify):

Order Selection (please tick)

Trust Pak (inc GST)

\$ 264.00

Suburb:

State: P/C:

**Payment Details**

(please tick)

Chq Encl   On Account   Mastercard   Bankcard   Visa

Direct Bank Credit Transfer  
Bank of Melbourne  
BSB 033146 Acc. No. 198700

TOTAL \$

(On Account approved Clients only)

Card Number

Cardholder Name

Signature \_\_\_\_\_ Expiry Date                      mm                      yy

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**DISCRETIONARY TRUST ORDER FORM**

**Trust Details**

Name of Trust:

Settlor Name:

ACN/ABN:

Address of Settlor:

Initial Sum:

**Trustee Details**

Name of Trustee:

<If Corporate> ACN/ABN:

Address of Trustee:

Directors of Corporate Trustee <if applicable> :

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**Appointor Details**

Name:

Name:

Address:

Address:

**First Beneficiaries**

1. ACN/ABN:

Address:

2. ACN/ABN:

Address:

3. ACN/ABN:

Address:

4. ACN/ABN:

Address: