# Order a SMSF

individual trustee

| | |
|---|---|
| Name and Address of Firm | Tax Accounting Adelaide |
| Telephone | 0883374460 |
| Facsimile | 0883659573 |
| fee | $484 |

Date _____

Firm _____ Contact _____

Address _____

_____ Email _____

Telephone _____ Facsimile _____

**FUND DETAILS**

Name of Fund

Date of Fund

Bankers to the Fund (Name and Branch)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Governing Law | SA | VIC | NSW | QLD | WA | NT | TAS | ACT |
| Stamp In: | SA | VIC | NSW | QLD | WA | NT | TAS | ACT |

**TRUSTEES DETAILS**

| Full Name | Address | DOB | POB | Occupation |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**MEMBERS DETAILS**

| Full Name | Address | TFN | Sex | DOB |
|---|---|---|---|---|
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| | | | | |

Principal Member