



Kevin P. Scambler
 & ASSOCIATES
 Ph 07 5452 7205

SUPERANNUATION FUND ORDER FORM

Name: _____
 Address: _____
 Phone: _____

FUND DETAILS

Name of Fund _____
 Date of Fund _____
 Names of ALL Trustee/s
 (1 st listed to be Chairman) _____
 Street Address of Trustee/s _____
 Address for 1 st Meeting _____
 If Trustee is company: (1) ACN _____ and _____
 (2) Names of ALL Directors
 (1 st listed to be Chairman) _____

MEMBERS DETAILS

#1 Full Name _____ Date of Birth _____
 Street Address _____

#2 Full Name _____ Date of Birth _____
 Street Address _____

#3 Full Name _____ Date of Birth _____
 Street Address _____

#4 Full Name _____ Date of Birth _____
 Street Address _____

PAYMENT DETAILS: Please debit the following card details by the amount of \$ 1290.00

TYPE OF CARD: Visa Mastercard Cheque
 CARD NUMBER: _____ EXPIRY DATE: (..... /.....)
 NAME ON CARD: _____ SIGNATURE: _____

Please return this Form on **FAX 07 5452 7206** or call with any queries