

Complete and return this form to Heffron at: dss@heffron.com.au OR PO Box 200 Maitland NSW 2320

WORK TO BE COMPLETED (Please Select):

ESTABLISH A SPECIAL PURPOSE SMSF COMPANY

ESTABLISH A PRIVATE PROPRIETARY LIMITED COMPANY

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents		Email	OR	Post	
Please select who should receive the documents		Accountant/Adviser	OR	Trustee 1	

SECTION B: FUND DETAILS

Fund Name		ABN	
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SECTION C: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name				Title	
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone			Mobile		
INDIVIDUAL 2	Director	Trustee	Member		
Full Legal Name				Title	
Residential Address					
Suburb		State		Postcode	

NOTE: If there are more than two individuals, please copy this page

SECTION D: NEW COMPANY DETAILS

Preferred Name					
Alternate Name					
Registered Office Address					
Suburb		State		Postcode	
Would you like Heffron to be the ASIC agent and Registered office?			Yes	No	
Occupier (if not the company)					
Principal Place of Business Address					
Suburb		State		Postcode	
ASIC requires full <u>physical</u> address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property					
Consents of Officers & Shareholders					
The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed				Yes	No
Shareholdings					
If special purpose company, only ordinary shares are allowed under the constitution					
If private proprietary limited company, the class of shares issued will be ordinary shares unless otherwise specified					
Each director will be issued with 1 x \$1 share unless otherwise specified					

SECTION E: OFFICERS & SHAREHOLDERS DETAILS

INDIVIDUAL 1	Director	Secretary	Public Officer	Shareholder
Full Legal Name				Title
Date of Birth		Place of Birth		
Residential Address				
Suburb		State		Postcode
Shareholdings	Share class		Number of Shares	
INDIVIDUAL 2	Director	Secretary	Public Officer	Shareholder
Full Legal Name				Title
Date of Birth		Place of Birth		
Residential Address				
Suburb		State		Postcode
Shareholdings	Share class		Number of Shares	

Note: if there are more than two officers and shareholders please copy this page

SECTION F: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION G: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge that this is an "execution only" service and am not asking Heffron to consider if the course of action contemplated by these documents is appropriate for my / our circumstances.

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee

Print name

Date

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION H: PAYMENT DETAILS REQUIRED

Amount: \$		Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
EFT Transfer	BSB: 082 691 Account: 561309446	Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			