



**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 \_\_\_\_\_

Tax File Number \_\_\_\_\_

#2 Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Tax File Number \_\_\_\_\_

**PAYMENT DETAILS:** Please debit the following card details by the amount of **\$ 1500.00**

**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