



Use this form to request the Incorporation of a Company to act as Trustee of a Self Managed Superannuation Fund.

- Please write clearly in CAPITAL LETTERS and use black pen to complete this form.
- Your completed form should be sent to Novo Super:

By mail: **Novo Super**
PO Box 115
Collins Street West
MELBOURNE VIC 8007

By email: **forms@novosuper.com.au**

Section 1 – Fund Details

Fund Name:

Novo Super Fund ID (if applicable):

Section 2 – New Company Details

Preferred Company Name:	Pty Ltd
Alternate Company Name 1:	Pty Ltd
Alternate Company Name 2:	Pty Ltd

State of Registration:

Registered Office Address:

Address:	Suburb:	State:	Postcode:
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Principal Business Address – Same as above

Address:	Suburb:	State:	Postcode:
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Is this company to be registered with ASIC as a Sole Purpose SMSF Trustee Company? Yes No

- It is your responsibility to ensure that your company name does not conflict with any existing company name, business name, trade mark or domain name. Please refer to the ASIC Identical Names Register and to IP Australia's Trade Mark On - line Search System for assistance.
- If the preferred company name is identical to that of an Australian registered business and the owner(s) of that business is one of the Directors below, the business number and registered state must be supplied in order to complete incorporation.
- A total of 60 Ordinary Shares will be issued. The shares will be allocated to each Director in equal proportions.
- A Company Seal will not be issued (not required under the corporations Act 2001).
- Each person must provide their written consent to act as a Director and Shareholder prior to appointment (provided for on this Order Form).
- The company must keep the consents and agreements. Please retain the original order form and forward a copy to Novo Super for action.
- By signing, each person nominated in Section 3, consents to act as Director of the Trustee Company.

Section 3 – Company Director Details

Director 1

Secretary Public Officer Director ID:

Title: Mr Mrs Miss Other:

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Place of Birth: City: State: Country:

SIGNATURE:

Director 2

Secretary Public Officer Director ID:

Title: Mr Mrs Miss Other:

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Place of Birth: City: State: Country:

SIGNATURE:

Director 3

Secretary Public Officer Director ID:

Title: Mr Mrs Miss Other:

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Place of Birth: City: State: Country:

SIGNATURE:

Director 4

Secretary Public Officer

Title: Mr Mrs Miss Other:

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Place of Birth: City: State: Country:

SIGNATURE:

Section 7 - Declaration

By signing below I, on behalf of the trustees of the Fund:

- Declare that the information provided in the form above is complete and accurate.
- Declare I am authorised to make declarations on behalf of the persons named in this form.
- Instruct Novo Super to provide the necessary documentation to establish the above arrangements on my/our behalf.
- Acknowledge that Novo Super will commence the work after a complete and signed form is received and payment has been made and cleared.
- Authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and the management and administration of the services of which I have applied.
- Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking the compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.
- I, being a Director listed above, acknowledge and certify that all proposed officers and members listed above have consented to their appointment by way of signed consent provided to the company and hereby appoint Novo Super to sign the Application for Registration of this company as agent on our behalf and, if elected above, to carry out all Company Maintenance Service duties.
- Agree that Novo Super has not provided me with financial advice and that Novo Super is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.

Signed

Print Name

Date:

Contact Us

Postal Address: PO Box 115
Collins Street West
MELBOURNE VIC 8007

Telephone: 1300 668 678
Email: forms@novosuper.com.au
Website: www.novosuper.com.au

ABN: 14 607 604 777

