То:	Shelcom Corpora Tel: (03) 9578 388	te Services 3 Fax: (03) 9578 3844	PO Box 282, Ormond, Vic 3204 ↑ companies@shelcom.com.au						
		SUPERANNUATION FUND DEED UPGRADE ORDER FORM							
Fron	n: Name:								
	Company:								
	Address:								
	Phone No:		Fax No:						
	Signature:		Email:						
Terms	and Conditions of	Trade which are available on	Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's a written request or may be viewed at www.shelcom.com.au/trading-terms . By using helcom, you agree to be bound by Shelcom's Terms.						
Bind	ding:	□ Comb Binding	☐ Heat Seal						
CUF	RRENT DEED – P	ease provide a copy of the	e deed						
	Name of Fund:								
	Date of Current	Deed:							
	Date of New Dee								
	A.B.N. or T.F.N.								
	Trustee(s)								
	☐ Surna	ame 🚨 Company Name:	□ Mr □ Mrs □ Ms □ Miss						
	☐ Giver	Names □ A.C.N.:							
		ss 🛘 Registered Office:							
	— / (dai-	a regional amos.							
	☐ Surna	ame							
	☐ Giver	Names							
	☐ Addre	ss Registered Office:							
	Members:								
	Surnam	e:	□ Mr □ Mrs □ Ms □ Miss						
	Given N	ames:							
	Address	:							
	Surnam	e:	□ Mr □ Mrs □ Ms □ Miss						
	Given N	ames:							
	Address	:							
	Surnam	2 ·	□ Mr □ Mrs □ Ms □ Miss						
	Given N								
	Address								

Credit Card: Visa					- 2 -			
Sumame: Mr Mrs Ms Miss Miss Given Names: Address: Date of Change: De you need to change the Trustee: Yes No Sumame Company Name Mr Mrs Miss Miss	•				additional c	_		
Do you need to change the Trustee:	Surname: Given Names:							
Surname Company Name Mr Mrs Ms Miss Given Names A.C.N. Address Registered Office: Date of Change:	Date of Change:							
Given Names A.C.N. Address Registered Office: Date of Change: Do you need to change the Name or Address of a Member or Trustee: Yes No Current Details Surname Company Name Mr Mrs Mis Miss Given Names A.C.N. Address Registered Office: New Details: Surname Company Name Mr Mrs Mis Miss Given Names A.C.N. Address Registered Office: Date of Change: Date of Change: Card Number: Card Number: Card Holder: Expiry Date Gard Holders Signature Direct Debit: BS6: 063 303	Do you need to change to	he Trustee:	□ Yes		□ No			
Do you need to change the Name or Address of a Member or Trustee:	☐ Given Names ☐	A.C.N.			_			
Current Details Surname Company Name Mr Mrs Ms Miss Given Names A.C.N. Address Registered Office: New Details: Given Names A.C.N. Given Names A.C.N. Given Names A.C.N. Address Registered Office: Date of Change: PAYMENT DETAILS: Credit Card: Visa Mastercard Bankcard AMEX Diners Card Number: Card Holder: Expiry Date G63 303	Date of Change:							
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Given Names A.C.N. Address Registered Office: New Details: Surname Company Name Mr Mrs Miss Given Names A.C.N. Address Registered Office: Date of Change: PAYMENT DETAILS: Credit Card: Visa Mastercard Bankcard AMEX Diners Card Number: Card Holder: Expiry Date Card Holders Signature Direct Debit: BSB: 063 303	Current Details							
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PAYMENT DETAILS: Credit Card: Ovisa Mastercard Bankcard AMEX Diners Card Number: Card Holder: Expiry Date Direct Debit: BSB: 063 303								
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