

# CLIENT DETAILS FORM



EQUITITRUST CAPITAL

## 1. Investor/Transferee/s Details

First Name/s		Surname	
First Name/s		Surname	
Company / Trust Name (If applicable)			
Full Name of Trustee / Director		Full Name of Trustee / Director	
Postal Address			
Suburb		State	Postcode
Phone No.	Mobile No.	Date of Birth	
Email	Tax File Number	ABN Number	

## 2. Payment Instructions

Please complete the following section to nominate a bank account for your income payments

Financial Institution:	BSB: _____ / _____
Account Name:	Account Number:

## 3. Signing Authority

Investments in a joint account, or with two trustees, must be signed by both signatories. Please indicate the number of signatories required for ongoing access to and / or changes to the investment.

Either can Sign

Both must sign

## 4. Investor's signature(s) (must be completed)

Please sign this form where indicated below.

- If signed under Power of Attorney, the Attorney certifies that he or she has not received notice of revocation of the Power of Attorney. Please include a certified copy of the Power of Attorney document with this form.

Signature of Investor No. 1 or company officer

X

Date

Signature of Investor No. 2 or company officer

X

Date

## 5. Submitting the Form

**By Post:**  
ECG Administration  
Reply Paid 8111  
GOLD COAST MC QLD 9726

**By Email:**  
info@equititrust.com.au

**By Fax:**  
+(617) 5527 5900

Office Use Only

Signature checked against PDS / POA

Early Withdrawal Penalty

I15 Investment No. \_\_\_\_\_

Approved \_\_\_\_\_

Authorised \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_