

# SMSF LIMITED RECOURSE BORROWING ARRANGEMENT

## SECURITY TRUST COMPANY INCORPORATION APPLICATION



CAVENDISH

I request the incorporation of a Security Trust Trustee Company to act as Trustee of a Security Trust.

### SELF MANAGED SUPERANNUATION FUND DETAILS

Superannuation Fund Name

### COMPANY DETAILS

Proposed Company Name(s)

1

(in order of preference)

2

3

State of Registration

Company's Registered Address

Address

Suburb

State

Postcode

### PARTICIPANT DETAILS (1)

Title

Birth Date

Surname

Birth Place

First Name

No. of Shares

Other Names

Share Class

Address

Street

Suburb

State

Postcode

Company Role

Director ☐

Secretary ☐

Public Officer ☐

Shareholder ☐

SMSF Operations Pty Ltd  
ABN 30 007 778 341 a Corporate  
Authorised Representative of  
SMSF Administration Solutions Pty Ltd  
ABN 76 097 695 988 AFSL 291195  
AFSL276133

REF: STCI02/18

### PARTICIPANT DETAILS (2)

Title	<input type="text"/>	Birth Date	<input type="text"/>
Surname	<input type="text"/>	Birth Place	<input type="text"/>
First Name	<input type="text"/>	No. of Shares	<input type="text"/>
Other Names	<input type="text"/>	Share Class	<input type="text"/>
Address	Street	<input type="text"/>	
	Suburb	<input type="text"/>	
	State	<input type="text"/>	
	Postcode	<input type="text"/>	
Company Role	Director <input type="radio"/> Secretary <input type="radio"/> Public Officer <input type="radio"/> Shareholder <input type="radio"/>		

### PARTICIPANT DETAILS (3)

Title	<input type="text"/>	Birth Date	<input type="text"/>
Surname	<input type="text"/>	Birth Place	<input type="text"/>
First Name	<input type="text"/>	No. of Shares	<input type="text"/>
Other Names	<input type="text"/>	Share Class	<input type="text"/>
Address	Street	<input type="text"/>	
	Suburb	<input type="text"/>	
	State	<input type="text"/>	
	Postcode	<input type="text"/>	
Company Role	Director <input type="radio"/> Secretary <input type="radio"/> Public Officer <input type="radio"/> Shareholder <input type="radio"/>		

### PARTICIPANT DETAILS (4)

Title	<input type="text"/>	Birth Date	<input type="text"/>
Surname	<input type="text"/>	Birth Place	<input type="text"/>
First Name	<input type="text"/>	No. of Shares	<input type="text"/>
Other Names	<input type="text"/>	Share Class	<input type="text"/>
Address	Street	<input type="text"/>	
	Suburb	<input type="text"/>	
	State	<input type="text"/>	
	Postcode	<input type="text"/>	
Company Role	Director <input type="radio"/> Secretary <input type="radio"/> Public Officer <input type="radio"/> Shareholder <input type="radio"/>		

### AUTHORISATION

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 Cavendish Superannuation to sign the Application for Registration of this company as agent on our behalf.

.....  
Public Officer

.....  
Name

...../...../.....  
Date

**Please sign and return this form to Cavendish Superannuation**  
**GPO Box 9981, Adelaide SA 5001 Phone: 1800 808 354**