

INSTRUCTIONS FOR PARTNERSHIP DEED

1. Client and Delivery Details

Date Required By: _____

| | |
|---|---|
| <p>TO: MELLOR OLSSON Lawyers 80 King William Street Adelaide SA 5000</p> <p>Ph: 8414 3521 Fax: 8414 3455 Att: TIM HALL</p> | <p>FROM: _____ Delivery _____ Address _____ _____</p> <p>Ph: _____ Fax: _____ Att: _____</p> |
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2. Client Details

| |
|--|
| 2.1 Name of Client: _____ |
| 2.2 Address of Client: _____ P/C _____ |

3. Partnership Details

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| 3.1 Partnership Type: Standard Individuals <input type="checkbox"/> Family Trusts <input type="checkbox"/> Companies <input type="checkbox"/> Single Trustee <input type="checkbox"/> |
| 3.2 Name: _____ Business Name No. _____ To be Registered <input type="checkbox"/> |
| 3.3 Commencement Date: _____ |
| 3.4 Description of Business: _____ |
| 3.5 Business Premises: _____ P/C _____ |
| 3.6 Bank: _____ Branch: _____ Address: _____ P/C _____ Who to sign: Any one <input type="checkbox"/> Any Two <input type="checkbox"/> All <input type="checkbox"/> Other: _____ |

4. Partner Details

| | |
|--|--|
| 4.1 Name: _____ Address: _____ _____ P/C _____ Occupation: _____ % Interest: _____ Ph: _____ | 4.2 Name: _____ Address: _____ _____ P/C _____ Occupation: _____ % Interest: _____ Ph: _____ |
| 4.3 Name: _____ Address: _____ _____ P/C _____ Occupation: _____ % Interest: _____ Ph: _____ | 4.4 Name: _____ Address: _____ _____ P/C _____ Occupation: _____ % Interest: _____ Ph: _____ |

5. Single Trustee of Family Trusts (Specified Purpose Only - Call Advisor to Discuss)

| | |
|--------------------|--------------|
| 5.1 Name: _____ | A.C.N. _____ |
| 5.2 Address: _____ | P/C _____ |

