evolve. grow. prosper.

# Authority

I/We, the Trustees of the The _____ Trust authorise you to instruct IRDI Legal to proceed with the Deed upgrade.

_____ Trustee / Director of Trustee

_____ Trustee / Director of Trustee

Dated: _____

## REMITTANCE ADVICE

***Please return this slip with your payment to:*** **Kensington Partners**
Suite 2, 315 Bulwer Street, Perth WA 6000
PO Box 8271, Perth Business Centre WA 6849
Email: admin@kensingtonpartners.com.au

**Please tick your payment option:**

☐ Cheque enclosed

☐ EFT– BSB: 086-420 Acct: 790 850 586
**Please quote Deed Name**

☐ Charge my credit card:
☐ AMEX ☐ VISA ☐ MASTERCARD

Expiry date: _____ CCV: _____

Cardholder'sName: _____

_____
Card Number

_____
Cardholder's Signature Date

**Balance Due: $380.00**