

Application for Approval of a Funeral Trust

1. Name of the funeral business

Name of Business:
Business address:
Postal address:
Phone:
ABN:

2. Name of persons carrying on the funeral business

Name:
Address:
Name:
Address:

3. Name of Funeral Trust

Name:

4. Names of the trustee(s) of the Funeral Trust

First Name:
Last Name:
Business Name:
Postal address:
Phone:
ABN:

First Name:
Last Name:
Business Name:
Postal address:
Phone:
ABN:

5. Name of Custodian of the Funeral Trust

Name:
Address:
ABN:

6. Terms of the Funeral Trust

Attach a copy of the Trust Deed.

7. Name of the trust account(s) held by the funeral trust into which money received under a prepaid funeral agreement would be deposited

Account Name(s)
.....

8. Name of the Authorised Deposit Taking Institution (ADI) and the account number of any trust account(s)

ADI Name:
Business address:
Postal address:
Phone:

9. Signatory to the trust account(s)

Is the Custodian the sole signatory to the trust account(s) Yes / No

10. Name of Auditor (if one has not been appointed, the name of the person who would be expected to conduct an Audit)

First Name:
Last Name:
Business Name:
Postal address:
Phone:
ABN:

Personal Information Protection Statement

Consumer Affairs and Fair Trading (CAFT) will collect personal information from you for the purpose of processing this application. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to other authorised organisations. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to CAFT. You may be charged a fee for this service.