



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

Contact details

Consumer, Building and Occupational Services
PO Box 56, Rosny Park TAS 7018
Phone: 1300 654 499 Email: cbosinfo@justice.tas.gov.au