

Application for approval of a funeral trust

1. Name of the funeral business

Name of business

Business address

Postal address

Phone

ABN

2. Name persons carrying on the funeral business

Name

Address

Name

Address

3. Name of funeral trust

Name

4. Name(s) 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

11. Lodging the form

By Mail: Registration Services
PO Box 56
Rosny TAS 7018

By Fax: 03 6173 0205

By Email: cbos.info@justice.tas.gov.au

12. Enquiries

Telephone: 1300 65 44 99

Email: cbos.info@justice.tas.gov.au

Website: cbos.tas.gov.au

Submit by email

Attach a copy of the trust deed and any relevant documents with the email.
We recommend you save a copy of this form for your own records.