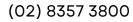


I authorise Find My Funds to	o act/investigate and refund any unclaimed & underfunded monies or assets in the name o
(Name asset is listed owing	to)
(Amount if known)	
I	of
declare that I knowingly and	d willingly appoint authority to Find My Refund and its staff to act & investigate on my
behalf to refund/retrieve ar	ny and all lost/forgotten/ or unclaimed assets/funds which could be in the form of shares,
dividends, money, bank acc	counts, trust funds, over payments, unpresented cheques, insurance, superannuation,
property, deceased estates	s etc being held in any government departments/agencies or private organisations.
I hereby authorise Find My I	Refund and its staff to undertake any necessary searches and procedures required for the
investigation/refund of any	unclaimed/ lost/ forgotten or unknown funds/assets.
I declare that I will provide a	any and all necessary authentic identification documents in the form of certified copies to
Find My Refund to prove I a	m the legal and rightful owner of the asset/funds. I acknowledge failure to provide the
required certified documer	nts may cause delays in the retrieval process.
I have been informed by Fin	d My Refund that some funds may be entitled to interest which if applicable will be paid
when the claim is processe	d.
I am aware commission is o	nly payable upon successful claim and retained by Find My Refund from my recovered
funds. I am aware that I will	receive the balance deposited electronically to my bank account below (or cheque). I
accept that I am responsibl	e for ensuring that I provide correct account information for the balance to be deposited
into my chosen account an	d incorrect information may lead to delays in receiving my balance.











PO Box 102 Hamilton, NSW 2303 AU



I am aware that my refund is deposited into a trust account managed by Find My Refund fees are deducted from the total claimed amount and the remaining balance is to be paid into my nominated bank account below or cheque sent to my current address.

Total Refundable Amount	\$
Recovery fee of 18% of Total Refundable amount	\$
Balance after deduction of fees to Client	\$

I acknowledge that:

- I have read and agree to **Find My Refund's** Terms and Conditions.
- I understand that by authorising Find My Refund to act on my behalf, I am agreeing to pay Find My Refund charges a 18% commission (only upon a successful claim).
- I am the authorised signatory to the account set out below.

Claimant Full Name:	
Company Name:	
Position:	
Address:	
Phone Work:	— Phone Home: ————
Mobile:	Email:
DOB: D	ate:
Please circle preferred method of contact: Email	Mail Phone
Signature/s:	Signature/s:



(02) 8357 3800



admin@findmyrefund.com.au



PO Box 102 Hamilton, NSW 2303 AU



Is this claim in	respect of a Deceased Estat	e?							
Deceased Estate Name: Relationship:									
Are you the Executor or entitled claimant? YES NO UNSURE									
Payment Details: Please nominate how you would like payment issued, tick and fill in one option only.									
Cheque Direct Deposit- Australia Direct Deposit- International									
(Provide details below) (Separate 1				orm to be f	filled in for Internation	al clients)			
Name of Bank	/financial institution:								
Account Name	e:								
BSB number:									
(Must have 6 numbers)									
Account number:									
(Maximum of 9 numbers)									
OFFICE USE Of	NLY								
Before accept	ing please confirm:								
Client has Accepted Terms and Conditions:					YES	NO			
Signed copy of Agreement- Authority received:					YES	NO			
The Authority has been printed:					YES	NO			



