

Authority to Release

I..... of authorise CIRO Refunds to:

- 1. Recover the sum of..... Thousand, hundred and dollars and cents (\$)
- 2. To undertake investigation, searches and recovery procedures for any lost funds on behalf of the owner;
- 3. To accept such funds on behalf of the owner;
- 4. To deduct from those amounts 20% of the amount recovered plus GST in full payment for CIRO's services;
- 5. To pay the balance to the owner's account set out below

I declare that

- 1. That the identification details and documents are current, valid and correct;
- 2. I have read CIRO Refunds Terms & Conditions and agree to them

Name (please print):

Signature:

Company Name:

Date:

Position:

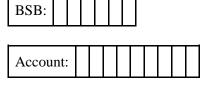
1300 421 030

- ABN: 18 682 664 138 / ACN: 632664138
- claims@cirorefunds.com
- www.cirorefunds.com
- PO Box 65 Berridale NSW 2628



- \Box Cheque
- □ Direct deposit (details below)

Account Name:	
Name of institution:	Branch:



OFFICE USE ONLY -

CIRO Refunds - Before accepting, please confirm:

- $\hfill\square$ Client has Accepted Conditions
- \Box The Authority has been printed
- $\hfill\square$ The Authority has been signed by the client

() 1300 421 030

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