



AUTHORITY TO ACT, INVESTIGATE AND RELEASE INFORMATION

Office use only
Client Reference Number

PAGE 1 OF A 2 PAGE DOCUMENT - ALL PAGES MUST BE COMPLETED IN FULL

I, Authorise Registered Refunds (ABN 54 572 273 972) to investigate/recover any Unclaimed Money/Assets in the name of

First Name(s) (as per birth certificate)	
SURNAME:	Amount of Claim(s): \$
If claimant name differs to claim name, please supply details and evidence	

Authorise - Registered Refunds or one of their employees, contractors or agents to provide the Service in accordance with the terms and conditions provided to me or available at <https://registeredrefunds.com.au/terms-%26-conditions> (under the Terms and Conditions) and will conduct any searches and procedures required during the recovery of the unclaimed money/asset.

Terms and conditions - By signing this document I agree to the terms and conditions as per the website and agree that a copy of such can be requested at any time or via <https://www.registeredrefunds.com.au> .

Documentation - I am aware of the required documentation/information that I may be required to provide by State Law and accept that I am responsible for providing all necessary correct documents as certified copies and any incorrect information provided may cause delays in receiving my unclaimed money.
NO ORIGINALS DOCUMENTS ARE TO BE SENT.

Release Funds – I request you pay Registered Refunds from my unclaimed money claim. I understand I will receive the balance deposited electronically to the stated account below.

1. All Monies will be paid directly to Registered Refunds, Registered Refunds will deduct their fee and the balance will be electronically deposited into my bank account (details below) within 3 working days of Registered Refunds receiving the funds/assets.
2. Should any Monies be paid directly into Asset Owners bank account that I, the Asset Owner will be responsible for transferring the Agent fees into their nominated bank within 3 working days.

I acknowledge that by signing below I have read and agree to the “Terms and Conditions” outlined by Registered Refunds and I am the authorised signatory to the nominated account set out below

CLAIMANT SIGNATURE		DATE SIGNED:	
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REGISTERED REFUNDS
Uniting Clients with their Lost Funds

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PERSONAL INFORMATION							
Preferred Method of Contact (tick)	Landline Phone	Mobile	Mail	Email			
PERSONAL DETAILS IF CLAIM IS FOR AN INDIVIDUAL							
Asset Owners Full Name(s)							
Current Home Address							
Telephone Number							
Mobile Number							
BUSINESS DETAILS IF CLAIM IS FOR A BUSINESS							
Business Name							
Office phone Number							
CEO Name							
Work Email							
Mobile Number							
Director/Owner Name							
Work Email							
Mobile Number							
ABN							
Address							
DETAILS IF CLAIM IS IN RESPECT OF A DECEASED ESTATE							
Deceased Estate Name							
Relationship							
Are you Executor or entitled to claimant?	YES	No				I am unsure	
PAYMENT DETAILS: Please nominate how you would like your payment issued, tick and fill in one option only							
Account Name: (as per your bank card):							
Name of financial Institute					Branch:		
BSB Number (6 Digits)					Account Number (Max 9 Numbers)		
Are you contacting Registered Refunds for the first time							
Where did you hear about us?							
Tick which state have you worked in?	QLD	NSW	WA	SA	ACT	TAS	NT
Please ensure you agree to "Terms and Conditions" https://registeredrefunds.com.au/terms-%26-conditions							
CLAIMANT SIGNATURE				DATE SIGNED:			