



## 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 plus any interest incurred in the name of

<b>First Name(s)</b> (as per birth certificate)		<b>SURNAME:</b>	
If claimant name differs to claim name, please supply details and evidence			
<b>AMOUNT OF CLAIM 1</b>	<b>AMOUNT OF CLAIM 2</b>	<b>AMOUNT OF CLAIM 3</b>	<b>AMOUNT OF CLAIM 4</b>
\$	\$	\$	\$
Plus any interest owing	Plus any interest owing	Plus any interest owing	Plus any interest owing

**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 back 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 (15% of total claim) 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

<b>CLAIMANT SIGNATURE</b>	<b>DATE SIGNED:</b>
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**REGISTERED REFUNDS**  
Uniting Clients with their Lost Funds

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### PERSONAL INFORMATION

<b>Preferred Method of Contact (tick)</b>	Landline Phone	Mobile	Mail	Email
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PERSONAL DETAILS IF CLAIM IS FOR AN INDIVIDUAL

<b>Asset Owners Full Name(s) If different to above</b>	
<b>Date of Birth</b>	
<b>Current Home Address</b>	
<b>Postal Address</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>Email Address</b>	

### BUSINESS DETAILS IF CLAIM IS FOR A BUSINESS

<b>Business Name</b>	
<b>Office phone Number</b>	
<b>CEO Name</b>	
<b>Work Email</b>	
<b>Mobile Number</b>	
<b>Office Phone Number</b>	
<b>Director/Owner Name</b>	
<b>Business Postal Address</b>	
<b>Business Street Address</b>	
<b>ABN</b>	

### DETAILS IF CLAIM IS IN RESPECT OF A DECEASED ESTATE

<b>Claimants Name</b>			
<b>Deceased Estate Name</b>			
<b>Relationship</b>			
<b>Are you Executor or entitled to claimant?</b>	YES	No	I am unsure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PAYMENT DETAILS: (This section can be completed later )

<b>Account Name: (as per your bank card):</b>									
<b>Name of financial Institute</b>						<b>Branch:</b>			
<b>BSB Number (6 Digits)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Account Number (Max 9 Numbers)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Are you contacting Registered Refunds for the first time

<b>Where did you hear about us?</b>	Maira @ Registered Refunds						
<b>Tick which state have you worked in?</b>	QLD	NSW	WA	SA	ACT	TAS	NT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please ensure you agree to "Terms and Conditions" <https://registeredrefunds.com.au/terms-%26-conditions>

<b>CLAIMANT SIGNATURE</b>	<b>DATE SIGNED:</b>
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