

# REGISTERED REFUNDS

P O Box 503  
Deception Bay  
Queensland  
4508



## UNCLAIMED MONEY – AUTHORITY TO ACT, INVESTIGATE AND RELEASE INFORMATION

I, \_\_\_\_\_ the claimant hereby authorise Registered Refunds (ABN 54 572 273 972) or one of their employees, contactors or agents to Act on my behalf, to investigate any unclaimed money, gather evidence/documentation needed and process claims as required by law to prove that I am the legal owner of these funds and to process documentation required for the recovery of the money/assets (including any interest that may have accrued).

### NOTE:

- Print clearly using **BLOCK LETTERS** in the space provided
- If all sections are not completed, your application cannot be processed
- Your agent Registered Refunds **MUST** provide this completed form at the same time the claim is submitted

### CLAIMANTS DETAILS

Full Name (As per birth certificate)		Name Changed to Attach details and evidence of name change	
Date of Birth			
Current home address			
Current Postal Address			
Contact Phone	Home		Mobile
Email Address			

### THIRD PARTY DETAILS

Company name and address	Registered Refunds (ABN 54 572 273 972)	P O Box 503, Deception Bay, Queensland, 4508	
Contact Person	Moira Anthony	Mobile	040 663 4000
Email Address	moira@registeredrefunds.com.au		

To engage the Registered Refund's services, you will be required to provide

1. Signed Authority to Act Investigate and Release form completed
2. A photo copy of your identification (drivers' licence or current passport)
3. Evidence of legal name if it differs from the name on your claim
4. Any documentation you may have that would link you to this claim and prove you are the legal owner as guided by Registered Refunds.

AMOUNT OF CLAIM 1 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 2 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 3 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 4 Reference Number:  \$ Plus, any interest owing
AMOUNT OF CLAIM 5 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 6 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 7 Reference Number:  \$ Plus, any interest owing	AMOUNT OF CLAIM 8 Reference Number:  \$ Plus, any interest owing

I acknowledge this is page 1 of a 2page document

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_

# REGISTERED REFUNDS

P O Box 503  
Deception Bay  
Queensland  
4508



## UNCLAIMED MONEY – AUTHORITY TO ACT, INVESTIGATE AND RELEASE INFORMATION

### DECLARATION

This declaration/authority must be completed by the person entitled to claim the money

1. I declare that I am legally entitled to the unclaimed money which is the subject of this claim.
2. I agree to provide all and any documentation as required by State Law to prove that I am the legal owner of the "unclaimed money" as certified copies in a timely manner
3. I acknowledge that providing false or misleading information is a serious offence and penalties may apply.
4. I confirm that I am authorised to provide the personal information in this claim and I consent to the information being gathered by Registered Refunds and submitted to the Public Trust - Issuer or official record holder via third party systems for the purpose of confirming my identity and settling this claim
5. I authorise and direct the Public Trust to pay by Electronic Funds Transfer (EFT) into the nominated bank Account, (Registered Refunds, Commonwealth Bank, North Lakes, BSB 064185, Account 10463177) the money claimed and any additional money The Public Trust may identify as belonging to me plus any interest accrued.
6. I acknowledge that I must lodge a complete claim. I understand that the Chief Commissioner may require further information or documents after lodgement of my claim and that payment may be delayed or refused if I fail to provide all documents requested and complete claim
7. I have not authorised another agent or person to claim the unclaimed money amount(s) on my behalf. I understand and agree with the Public Trust in relation to the collection, storage, use and disclosure of personal information.
8. I understand that The Public Trust will not approve claims without verifying proof of ownership.
9. I acknowledge that the Chief Commissioner is entitled to recover from me, the total amount of money paid as a result of this claim, if I am found not to be the rightful owner of the money.
10. I have read and agree to Terms and Conditions as laid out on the website [www.registeredrefunds.com.au](http://www.registeredrefunds.com.au) . I understand a hard copy or electronic copy of Terms and Conditions may be requested at any time.
11. No original documents are to be posted. All documents provided must be certified copies signed by a Justice of Peace (copies provided must show the original justice of peace stamp and signature must be original) and posted to P O Box 503, Deception Bay, Queensland, 4508.

### Release Funds

1. Agent Fees (15% of the total claim) payable upon successful claim. **NO WIN NO FEE.**
2. All claims will be paid directly to Registered Refunds bank account. Agent fees will be deducted and balance will be electronically transferred to claimants' nominated bank within 3 working days of receipt of funds/assets.
3. Should any Monies be paid directly into a Trust account. The Executor will be invoiced and fees will be paid directly to Registered Refunds. Should any monies be paid into Asset Owners/Claimant bank account, the Asset Owner/Claimant will be responsible for transferring the Agent fees (15% of total claim) to Registered Refunds bank within 3 working days.
4. I have read and agree to the "Terms and Conditions" outlined by Registered Refunds (on the website <https://www.registeredrefunds.com.au> or hard copy available upon requested).

I (print name in full) \_\_\_\_\_, am the authorised signatory  
and understand and agree to the following

**I acknowledge this is page 2 of a 2page document**

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_