

AGREEMENT - AUTHORITY - To Investigate & Release

I hereby authorise Refundability to act/investigate and refund any unclaimed & underfunded monies or assets in the name of
(Name asset is listed owing to)
(Amount if known)
I of
declare that I knowingly and willingly appoint authority to Refundability and its staff to act & investigate on my behalf
to refund/retrieve any and all lost/forgotten/ or unclaimed assets/funds which could be in the form of shares,
dividends, money, bank accounts, trust funds, over payments, unpresented cheques, insurance, superannuation,
property, deceased estates etc being held in any government departments/agencies or private organisations.
I hereby authorise Refundability and it's 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 any and all necessary authentic identification documents in the form of certified copies to
Refundability to prove I am the legal and rightful owner of the asset/funds. I acknowledge failure to provide the
required certified documents may cause delays in the retrieval process.
I have been informed by Refundability that some funds may be entitled to interest which if applicable will be paid
when the claim is processed.
I am aware commission is only payable upon successful claim and retained by Refundability 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 responsible for ensuring that I provide correct account information for the balance to be deposited into my
chosen account and incorrect information may lead to delays in receiving my balance.

info@refundability.com.au

1300 019 933

refundability.com.au 🌘

QLD 4754 AU 🧿

ABN: 25461103405 🖺



I am aware that my refund is deposited into a trust account managed by Fee From 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.

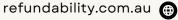
Total Refundable Amount	\$
Recovery fee of 15% of Total Refundable amount	\$
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Balance after deduction of fees to Client	\$

I acknowledge that:

- I have read and agree to **Refundability** Terms and Conditions.
- I understand by authorising Refundability to act on my behalf I am agreeing to pay Refundability a 15% commission (only upon successful claim).
- I am the authorised signatory to the account set out below.
- There may be additional processing administration costs with certain transactions

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









Is this claim in respect of a Deceased Estate?				
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 Fee From Refund				
(Provide details below.)				
Name of Bank/financial institution:				
Account Name:				
BSB number:				
(Must have 6 numbers)				
Account number:				
(Maximum of 9 numbers)				
OFFICE USE ONLY				
Before accepting 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			









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