



AUSTRALIAN REFUND MANAGEMENT

AUTHORITY TO RELEASE

I.....
of authorize Australian Refund Management to
recover the sum (\$.....) to be released by cheque/Account
Deposit in the name of.....

I authorise Australian Refund Management and its staff to undertake any
necessary searches & procedures required for the recovery of the above
funds. I declare that authentic identification document (s) have been
provided to Australian Refund Management and I have read Australian
Refund Management Terms & Conditions and agree to them.

Full Name:.....

Full Name:.....

Signature:.....

Signature:.....

Date:.....

Date:.....

ABN: 93 803 675 449

EMAIL: ADMIN@AUSTRALIANREFUNDMANAGEMENT.COM.AU

ADDRESS: PO BOX 8233, TARNEIT, 3029

MOB: 0468547399