



Authority to Release

I..... of authorise CIRO Refunds to:

1. Recover the sum of..... Thousand, hundred and dollars and cents (\$)
2. To undertake investigation, searches and recovery procedures for any lost funds on behalf of the owner;
3. To accept such funds on behalf of the owner;
4. To deduct from those amounts 20% of the amount recovered plus GST in full payment for CIRO's services;
5. To pay the balance to the owner's account set out below

I declare that

1. That the identification details and documents are current, valid and correct;
2. I have read CIRO Refunds Terms & Conditions and agree to them

Name (please print):

Signature:

Company Name:

Date:

Position:



1300 421 030



ABN: 18 682 664 138 / ACN: 632664138



claims@cirorefunds.com



www.cirorefunds.com



PO Box 65 Berridale NSW 2628



- Cheque
- Direct deposit (details below)

Account Name:

Name of institution:

Branch:

BSB:

Account:

OFFICE USE ONLY –

CIRO Refunds - Before accepting, please confirm:

- Client has Accepted Conditions
- The Authority has been printed
- The Authority has been signed by the client



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