

AGREEMENT - AUTHORITY - To Investigate & Release

I authorise Capital Asset Refund 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 Capital Asset Refund and its staff to act & investigate on m
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 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
Capital Asset Refund 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 Capital Asset Refund 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 Capital Asset Refund 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.





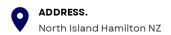
I am aware that my refund is deposited into a trust account managed by **Capital Asset Refund** fees are deducted from the total claimed amount and the remaining balance is to be paid into my nominated bank account below or cheque sent to my current address.

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

I acknowledge that:

- I have read and agree to Capital Asset Refund Terms and Conditions.
- I understand by authorising **Capital Asset Refund** to act on my behalf I am agreeing to pay **Capital Asset Refund** charges a 15% commission (only upon successful claim).
- I am the authorised signatory to the account set out below.

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









Is this claim in	respect of a Deceased Estate	ə ?											
Deceased Estate Name:						ationsh	nip: _					_	
Are you the Ex	ecutor or entitled claimant?	YES	NO	UNSU	RE								
Payment Details: Please nominate how you would like payment issued, tick and fll in one option only.													
Cheque	Direct Deposit- Australia		Di	irect De	posit-	Interr	nationa	al					
	(Provide details below)		(S	eparate	form	to be f	illed in	for Int	ernati	onal cl	ients)		
Name of Banl	स/financial institution:												
Account Nam	e:												
BSB number:													
(Must have 6	numbers)									-			
						<u> </u>	<u> </u>	<u> </u> 	<u> </u>	<u> </u>	<u> </u>		
Account num													
(Maximum of	9 numbers)												
OFFICE USE C	NLY - Capital Asset Refund												
Before accep	ting please confirm:												
Client has Ac	cepted Terms and Conditions	:			YES		NC)					
Signed copy	of Agreement- Authority recei	ved:			YES		NC)					
The Authority	has been printed:				YES		NC						



