



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 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, unrepresented 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.



ADDRESS.

North Island Hamilton NZ



CONTACT.

095370080



WEBSITE.

www.capitalassetrefund.com



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	<input type="text"/>

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: Email Mail Phone

Signature/s: _____ Signature/s: _____



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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

Direct Deposit- Australia

Direct Deposit- International

(Provide details below)

(Separate form to be filled in for International clients)

Name of Bank/financial institution:										
Account Name:										
BSB number: (Must have 6 numbers)										
Account number: (Maximum of 9 numbers)										

OFFICE USE ONLY - Capital Asset Refund

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