

AGREEMENT - AUTHORITY - To Investigate & Release

I authorise Fund Find International Pty Ltd to act/ investigate and refund any unclaimed & underfunded monies or

(Name asset is listed owing to)
(Amount if known)
of
declare that I knowingly and willingly appoint authority to Fund Find International Pty Ltd 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 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
Fund Find International Pty Ltd 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 Fund Find International Pty Ltd 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 Fund Find International Pty Ltd 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.

1/34 Eagle Street Brisbane QLD Australia 4000 👔

info@fundfinderinternational.com.au www.fundfinderinternational.com.au ®

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I am aware that my refund is deposited into a trust account managed by Fund Find International Pty Ltd 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 Fund Find International Pty Ltd Terms and Conditions.
- I understand by authorising Fund Find International Pty Ltd to act on my behalf I am agreeing to pay Fund Find International Pty Ltd 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: Er	mail Mail Phone	
Signature/s:	Signature/s:	_

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info@fundfinderinternational.com.au



www.fundfinderinternational.com.au (**)



Is this claim in res	spect of a Deceased Estate	∍?									
Deceased Estate Name:				Relationship:							
Are you the Execu	UNSURE										
Payment Details:	Please nominate how you v	would like pay	ment issued	tick an	d fll in o	ne opt	ion on	ıly.			
Cheque	Direct Deposit- Australia Direct Deposit- International										
	(Provide details below) (Separate form to be filled in for International clients)										
Name of Bank/fi	nancial institution:										
Account Name:											
BSB number: (Must have 6 nur	mbers)							-			
Account number											
OFFICE USE ONL	Y - Fund Find Internation	nal Pty Ltd									
Before accepting	g please confirm:										
Client has Accep	eted Terms and Conditions	:	YES		NO						
Signed copy of A	greement- Authority recei	ved:	YES		NO						
The Authority ha	s been printed:		YES	3	NO						

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