

I authorise Creative Refund Solutionss to act/ investigate and refund any unclaimed & underfunded monies or assets in the name of
(Name asset is listed owing to)
(Amount if known)
l of
declare that I knowingly and willingly appoint authority to Creative Refund Solutionss 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 Creative Refund Solutionss 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
Creative Refund Solutionss 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 Creative Refund Solutionss 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 Creative Refund Solutionss 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 Creative Refund Solutionss 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.

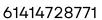
Total Refundable Amount Recovery fee of 16% of Total Refundable amount	\$ \$	
Balance after deduction of fees to Client	\$	

I acknowledge that:

- I have read and agree to **Creative Refund Solutionss** Terms and Conditions.
- I understand that by authorising Creative Refund Solutionss to act on my behalf, I am agreeing to pay Creative Refund Solutionss charges a 16% commission (only upon a successful claim).
- I am the authorised signatory to the account set out below.
- There may be additional processing administration costs with certain transactions

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







) 61414728771 🔁 mike@creativerefundsolutions 🚹 NSW 2765, Australia





Is this claim in	respect of a Deceased Estate	∍?							
Deceased Esta	ate Name:				Rela	ationsh	nip:		
Are you the Ex	ecutor or entitled claimant?	YES	NO	UNSUF	E				
Payment Deta	ils: Please nominate how you	would l	ike pay	yment is	sued,	tick an	d fll in one option	only.	
Cheque	Direct Deposit- Australia		Di	rect De	osit-	Intern	ational		
(Provide details below) (Separate				form 1	to be fi	illed in for Interna	tional client	s)	
Name of Bank	k/financial institution:								
Account Nam	ne:								
BSB number:									
(Must have 6	numbers)								
Account num	ber:								
(Maximum of	9 numbers)								
				•					
OFFICE USE C	DNLY								
Before accep	ting please confirm:								
Client has Ac	cepted Terms and Conditions	:			YES		NO		
Signed copy	of Agreement- Authority recei	ved:			YES		NO		
The Authority	has been printed:				YES		NO		



