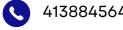


I authorise <b>Saycam Refund Services</b> to act/ investigate and refund any unclaimed & underfunded monies or assets in the name of
(Name asset is listed owing to)
(Amount if known)
ı of
declare that I knowingly and willingly appoint authority to Saycam Refund Services and its staff to act & investigate 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, proper
deceased estates etc being held in any government departments/agencies or private organisations.
I hereby authorise <b>Saycam Refund Services</b> 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
Saycam Refund Services 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 <b>Saycam Refund Services</b> 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 Saycam Refund Services from my
recovered funds. I am aware that I will receive the balance deposited electronically to my bank account below (or

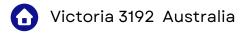




info@saycamrefundservice.com

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 **Saycam Refund Services** 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 22% of Total Refundable amount	\$	
Balance after deduction of fees to Client	ė	
balance after deduction of fees to chefit	Ş.	

## I acknowledge that:

- I have read and agree to **Saycam Refund Services** Terms and Conditions.
- I understand that by authorising **Saycam Refund Services** to act on my behalf, I am agreeing to pay **Saycam Refund Services** charges a 22% 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: Ema	il Mail Phone
Signature/s:	Signature/s:



413884564



info@saycamrefundservice.com



Victoria 3192 Australia



is this claim i	n respect of a Deceased Estate?								
Deceased Est	tate Name:		Rel	ationsh	nip:				
Are you the E	xecutor or entitled claimant? YES	NO	UNSURE						
Payment Details: Please nominate how you would like payment issued, tick and fll 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 Bor	nk/financial institution:								
Name of Bar	nk/financial institution:								
Account Nar	me:								
BSB number	:								
(Must have &	6 numbers)								
Account nur	mber:								
(Maximum o	of 9 numbers)								
			<u>'</u>						
OFFICE USE	ONLY								
Before acce	pting please confirm:								
Client has A	ccepted Terms and Conditions:		YES		NO				
Signed copy	of Agreement- Authority received:		YES		NO				
The Authorit	ty has been printed:		YES		NO				



413884564



info@saycamrefundservice.com



🚹 Victoria 3192 Australia