

NATIONAL BRANCH of UNCLAIMED MONEY

To:	Date: / /		
Authority To	Act As Agent		
To whom it may co	ncern,		
	orises the National Branch oas our representative / agent.	of Unclaimed Money	
	National Branch of Unclain aration of this / any applicati		
•	l submitted documents are tr alified to do so and are recog	ue and correct and are nised by you / your corporation.	
I / We have read an and agreed to be bou	d understood the contents of and by its terms.	this Authorisation Letter	
on our behalf, I / W	ed agent signs the application e acknowledge that all respon	sibility for complying with	
Applications Name:			
Address:			
Dated this:	Day of	20	
Ву:			
	Signature	Printed	