express	SUPER REFUND a	pplication	Today Date
NAME			Male / Female
DATE OF BIRTH	DAY / MONTH / YEAR	TFN	
EMAIL			
DATE ARRIVED	DAY / MONTH / YEAR	DATE DEPARTED	DAY / MONTH / YEAR
PASSPORT No.		COUNTRY ISSUED	
HOME ADDRESS (Parents home)			
HOME PHONE			
* Allow 60 * To avo	at have <u>left Australia</u> and your <u>visa</u> days after your visa has expired (1 yea oid delay you must complete all details er Fund name not known, co	ar after date of entry) for t correctly. * Pa	he money to be forwarded. ayment is by cheque only
1 FUND		Mem	ber No.
Employer			Phone
2 FUND		Men	nber No.
Employer			Phone
3 FUND		Men	nber No.
Employer			Phone
4 FUND		Men	nber No.
Employer			Phone
PLEA [] Passport Photo [] Australian Visa [] Australian passp	or email [] 2 forms of ID	sport departure stamp	urity ID, University Card, ATM card)

APPOINTMENT OF AGENT & GENERAL POWER OF ATTORNEY

Principal	SURNAME,	FIRST	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Principal	ADDRESS		•	•				•				•	•					•	•	•	•	•							•		•

Principal TAX FILE NUMBER.....DATE OF BIRTH....Attorney and agent nameRonald Daubaras & Express Tax Services Pty LtdAttorney and agent AddressLevel 6 155 Castlereagh St, Sydney NSW 2000Contact Telephone Number+61 2 9267 3200Fax Number +61 2 9267 8553

Part 1 General

I hereby appoint Ronald Daubaras and Express Tax Services Pty Ltd of Level 6, 155 Castlereagh St, Sydney NSW to be my attorney. My attorney may exercise the authority conferred on my attorney by Part 2 of the Powers of Attorney Act 2003 to do on my behalf anything I may lawfully authorise an attorney to do. My attorney's authority is subject to any additional details specified in Part 2 of this document. This power of attorney operates immediately. If I appoint more than one attorney, then I appoint them jointly and severally.

Part 2 Additional powers and restrictions

I authorise my attorney to:

- (a) carry out any act and sign any document on my behalf for all matters concerning Australian income tax and superannuation; and
- (b) receive and inspect confidential taxation information with respect to Australian income taxation and superannuation; and
- (c) requesting and receiving from my employer(s) the PAYG payment summary, statement of earnings, superannuation details or TFN; and
- (d) obtaining information from any superannuation fund of which I may be a member in relation to any benefit to which I may be entitled; and
- (e) signing any agreements, consents or other documents (including superannuation claim forms and DASP request) required to refund any overpaid taxes or facilitate the payment of any superannuation benefits.
- (f) depositing any tax refund or superannuation proceeds into The Attorney bank account for the purpose of applying the whole or a part of it in payment of any bills for Professional fees and disbursements that has been rendered.

This power of attorney shall remain in full force and effect until the completion on my taxation and superannuation affairs.

Х

Signed, sealed and delivered by

in the presence of

JOB DETAILS - LOST PAYSLIP

only complete if you have lost your final payslips

NAME	 TFN
EMPLOYER 1 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 2 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 3 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 4 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	