

CB Accounting Super Refund Application:

Today Date:

Name:

Male/ Female (M/F).....

TFN:

Date of Birth (DD/MM/YYYY)/...../.....

Email address:

Date Arrived:

Date Departed:

Passport Number:

Country Issued:

Home address:

.....

.....

Home Phone:

Super Funds Details:

- You must have **left Australia** and your **visa has expired** to claim your superannuation refund.
- Allow 60 days after your visa has expired (1 year after date of entry) for the money to be forwarded.
- To avoid delay you must complete all details correctly.
- Payment is by cheque only

If Super Fund name not known, complete employer name and phone number

1. Fund:
Membership Number:
Employer:
Employer Phone Number:
2. Fund:
Membership Number:
Employer:
Employer Phone Number:
3. Fund:
Membership Number:
Employer:
Employer Phone Number:
4. Fund:
Membership Number:
Employer:
Employer Phone Number:

PLEASE POST CLEAR PHOTOCOPIES - When photocopying enlarge the copy to 150%

Checklist:

- [] Passport Photo page
- [] Australian Visa or email
- [] Australian passport entry stamp
- [] Australian passport departure stamp
- [] 2 forms of ID (Driver's license, Social Security ID, University Card, ATM card)
- [] Any super correspondences, statements or membership card

Appointment of Agent & General Power of Attorney

Principal: (First and Last name) :

Principal Address:

Attorney and agent Name: Chura Mani Belbase (CB Accounting) Registered Tax Agent no: 53760001

Attorney and agent Address: 128 Farr Street Rockdale, 2216 NSW

Contact Phone Number: +612 9592 3356 Mob: 0413 193 351

Part 1 General

This power of attorney is made on the(date)

by.....(your name)

of.....(address)

I hereby appoint Chura Mani Belbase (CB Accounting) of 128 Farr Street Rockdale 2216 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 authorize 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:

Carry out any act and sign any document on my behalf for all matters concerning Australian income tax and superannuation; and

- (a) Receive and inspect confidential taxation information with respect to Australian income taxation and superannuation; and
- (b) Requesting and receiving from my employer(s) the PAYG payment summary, statement of earnings, superannuation details or TFN; and
- (c) 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
- (d) 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.
- (e) 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

Signed, sealed and delivered by:(signature – you sign)

In the presence of:.....