



BUREAU SERVICE PROCESSING REQUEST FORM

Person Requesting:

Name of Firm:

Address:

Phone: Email or Fax:

Fund Name:

Year of Income to be processed:

BGL File provided (accompanying this form on CD) Yes: No:

Fund source documents provided (accompanying this form on CD) Yes: No:

Special Instructions or Notes:

Authorised by:

Note

- 1) By signing you agree to the terms & conditions of the Bureau Service. These terms & conditions are available from our web site or by contacting our office. Please contact us if you are unsure of these terms and conditions.
- 2) The fixed fee, which applies to this service, will be confirmed to you once this form has been received by Tranzact Super and prior to any commencement of processing.
- 3) Payment of the fixed fee must occur prior to commencement of processing.
- 4) An additional fee may apply where Tranzact Super is requested to attend your office to compile the relevant data for processing via this service.

Payment Method? Cheque: MasterCard: Visa: Deduction Authority held:

Card Holder Name:

Credit Card No: Expiry Date:

Signature:

ON COMPLETION PLEASE FAX OR SCAN & EMAIL TO
TRANZACT SUPER contact@tranzacttotalsuper.com.au
FAX: 07 3211 1455 TS ARego 1109