Request for Refund of Unclaimed Monies For Business Entity



National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") is the credit provider and issuer of Citi branded financial products and credit products. NAB has acquired the business relating to these products from Citigroup Pty Limited (ABN 88 004 325 080, AFSL and Australian credit licence 238098) ("Citi") and has appointed Citi to provide transitional services.

Our/us/we means NAB unless the context otherwise requires it.

"Citi", "Citibank", "Citigroup", the Arc design and all similar trade marks and derivations thereof are used temporarily under licence by NAB from Citigroup Inc. and related group entities.

About this Form

	1. Business Entity D	etails		
siness Entity Name of account transferred as Unclaimed Monies		ABN or ACN	ABN or ACN (as applicable)	
asiness areas, manie or account transferred as oriolatinea monies			ABITOT ACT (as applicable)	
ccount Number (or Credit Card Number)	Amount			
	\$			
usiness Address				
uburb		State	Postcode	
current Mailing Address				
uburb		State	Postcode	
Business Address (when account was opened - if different)				
iuburb		State	Postcode	
failing Address (when account was opened - if different)				
uburb		State	Postcode	
		Talanhana		
mail		Telephone		
SIC OTN (This can be retrieved from ASIC's website at www.asic.gov.au,)			
	, 			
2. Det	ails of Directors/Auth	orised Users		
2. Det	ails of Directors/Auth	orised Users		
2. Deta		orised Users eg: Director, Company Secretary)		
s. Director/Authorised User Name		eg: Director, Company Secretary)		
a. Director/Authorised User Name		eg: Director, Company Secretary)		
s. Director/Authorised User Name		eg: Director, Company Secretary)		
n. Director/Authorised User Name Imail Residential Address		eg: Director, Company Secretary) Telephone	Postcode	
a. Director/Authorised User Name		eg: Director, Company Secretary)	Postcode	
n. Director/Authorised User Name Imail Residential Address	Position (eg: Director, Company Secretary) Telephone	Postcode	
a. Director/Authorised User Name Email Residential Address	Position (eg: Director, Company Secretary) Telephone State	Postcode	
a. Director/Authorised User Name Email Residential Address	Position (eg: Director, Company Secretary) Telephone State	Postcode	
a. Director/Authorised User Name Imail Residential Address Suburb B. Director/Authorised User Name	Position (eg: Director, Company Secretary) Telephone State eg: Director, Company Secretary)	Postcode	
mail desidential Address uburb Director/Authorised User Name	Position (eg: Director, Company Secretary) Telephone State eg: Director, Company Secretary)	Postcode	
mail desidential Address uburb Director/Authorised User Name	Position (eg: Director, Company Secretary) Telephone State eg: Director, Company Secretary)	Postcode	

3. Refund Details (Select only one method)						
Pay to an existing Citi branded transaction account issued by NAB (<i>Please note: this is not applicable for Credit Cards or Ready Credit Accounts</i>)						
Account Name	Account Number	·				
or						
Post a cheque in the name of the account holder(s) or estate						
Address						
Suburb		State	Postcode			
	4 Declaration					
I the undersigned make the following declaration to National Australia	4. Declaration	ed (Citi) (where applicable)				
I, the undersigned, make the following declaration to National Australia E I had a Citi Branded account with NAB the money from which I belia		ed (Citi) (where applicable):				
 The account details were as stated above. I am the true owner of the money that was in the account identifie 	ed above and am entitled to claim the mone	ey that transferred to ASIC; or	I am an attorney for the true owner			
 acting under a power of attorney granted by the true owner. I request NAB to act on my behalf to recover the money held as u 	nclaimed money with respect to the accou	nt identified above and reques	t the Treasurer to pay the proceeds			
 to NAB. I consent and agree to my personal information being collected, use 	ed and disclosed as described in the Privacy	Consent in section 9.				
Important - It is an offence under the Anti-Money Laundering and Count	· · ·	se or misleading information o	r documents			
	5. Authorisation					
Name	Name					
X	X					
	/ /					
Signature Date	Signature		Date			
6.	Verifying Account Ownership					
Attach certified copy of document showing proof of account of	ownership relating to account transferre	d as unclaimed (eg: account	statement) OR			
Attach certified proof of connection to address relating to account where unclaimed monies were held (eg: ASIC search showing principal place of business)						
Attach certified proof of connection to address relating to acc	count where unclaimed monies were hel	d (eg: ASIC search showing p	principal place of business)			
			orincipal place of business)			
7. Ver	ifying identity of Business Entity		orincipal place of business)			
7. Ver	ifying identity of Business Entity	y	orincipal place of business)			
7. Ver	ifying identity of Business Entity	y	orincipal place of business)			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole	ifying identity of Business Entity	y Dany	orincipal place of business)			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts	y Dany 1 users 1 and 2				
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of section only	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected	y Dany 1 users 1 and 2 ONE valid option from Part 1	orincipal place of business) I, please select ONE valid option			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section belo	y Dany 1 users 1 and 2 ONE valid option from Part 1	I, please select ONE valid option			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable for Proof of Age Card	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section bela for Australians) If you have selected options from the sec	y Lany Lany Land 2 ONE valid option from Part 1 ow. ONE valid option from Part 2	I, please select ONE valid option			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable for Proof of Age Card Foreign Driver's Licence that contains a photograph and date of the proof of Age Card	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section below for Australians) If you have selected options from the section of birth Medicare Card	oany 1 users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below.	I, please select ONE valid option 2, please select TWO valid			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable for Proof of Age Card	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section bela for Australians) If you have selected options from the sec of birth Medicare Card photograph Tax Office Notice	oany 1 users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below.	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains			
7. Ver Please select the entity type and provide information/documentation Sole Trader Partnership Trust Sole 8. Verifying Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable for Proof of Age Card Foreign Driver's Licence that contains a photograph and date of National ID Card issued by a foreign government containing a	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section bela for Australians) If you have selected options from the sec of birth Medicare Card photograph Tax Office Notice the individual's in scanning, copyin	Dany Lusers 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 cition below. e of Assessment less than 12 name and residential address ng or storing this document.	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trust Sole Trust Sole Trader Partnership Trust Sole Tr	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section bela for Australians) If you have selected options from the sec of birth Medicare Card photograph Tax Office Notice the individual's in scanning, copyin not own a Utility Bills and/	Dany Lusers 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 cition below. e of Assessment less than 12 name and residential address ng or storing this document.	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Sole Trust Sole T	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section belief options from the section belief options from the section belief options from the section from the section from the section belief options from the section belief options from the section belief options from the section from the sectio	Doany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 cition below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less tha	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trust Sole Trust Sole Trader Partnership Trust Sole Tr	ifying identity of Business Entity ion as requested. ole Director Company	oany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which cor	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trust Sole Trust Sole Trader Partnership Trust Sole Trus	ifying identity of Business Entity ion as requested. ole Director Company	oany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which cor	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Partnership Trust Sole Trader Partnership Trust Sole Trader Partnership Trust Sole Trader Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable of Proof of Age Card Foreign Driver's Licence that contains a photograph and date of National ID Card issued by a foreign government containing a and a signature of the person Part 2 - Primary Non-Photographic Documents Note: This section should be completed only if the individual does document from Part 1 Select ONE valid option from this section only Australian birth certificate	ifying identity of Business Entity ion as requested. ole Director Company	oany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which cor	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Part 1 - Primary Photographic ID Documents - Select ONE valid of section only Current Australian Driver's Licence Valid Passport (expired passport within 2 years is acceptable of Proof of Age Card Foreign Driver's Licence that contains a photograph and date of National ID Card issued by a foreign government containing a and a signature of the person Part 2 - Primary Non-Photographic Documents Note: This section should be completed only if the individual does document from Part 1 Select ONE valid option from this section only Australian birth certificate Australian citizenship certificate Centrelink Health Card or Pensioner Concession Card or Communications.	ifying identity of Business Entity ion as requested. ole Director Company	oany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which cor	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Part Sole Trader Partnership Trust Sole Trust Sol	ifying identity of Business Entity ion as requested. ole Director Company	y Doany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which core	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trade Trade Trade Trust Sole Trade	ifying identity of Business Entity ion as requested. ole Director Company	y Doany I users 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 ction below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issue than 3 months old, which core	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5.			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Part Primary Non-Photographic Documents Note: This section should be completed only if the individual does document from Part 1 Select ONE valid option from this section only Australian birth certificate Australian citizenship certificate Centrelink Health Card or Pensioner Concession Card or Communication Seniors Health Card 9. P In this section "we / us / our" means: National Australia Bank Ltd ("NAB") and its related companies that asset to the partnership trader Trader Partnership Trust Sole	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial htains the individual's name and			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Part Sole Trader Partnership Trust Sole Trader Part Sole Trader Partnership Trust Sole Trader Tr	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial antains the individual's name and			
7. Ver Please select the entity type and provide information/documentati Sole Trader Partnership Trust Sole Trader Part Primary Non-Photographic Documents Note: This section should be completed only if the individual does document from Part 1 Select ONE valid option from this section only Australian birth certificate Australian citizenship certificate Centrelink Health Card or Pensioner Concession Card or Communication Seniors Health Card 9. P In this section "we / us / our" means: National Australia Bank Ltd ("NAB") and its related companies that asset to the partnership trader Trader Partnership Trust Sole	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial antains the individual's name and			
Please select the entity type and provide information/documentati Sole Trader	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial antains the individual's name and			
Please select the entity type and provide information/documentation. Sole Trader	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial htains the individual's name and			
Please select the entity type and provide information/documentati Sole Trader	ifying identity of Business Entity ion as requested. ole Director Company	oany I users I and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 tion below. e of Assessment less than 12 name and residential address ng or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5. ed by a recognised financial antains the individual's name and			
Please select the entity type and provide information/documentation. Sole Trader	ifying identity of Business Entity ion as requested. ole Director Company Comp g identity of directors/authorised option from this In addition to Parts If you have selected from the section belief you have selected options from the section belief	y Jusers 1 and 2 ONE valid option from Part 1 ow. ONE valid option from Part 2 cition below. The of Assessment less than 12 name and residential address and or storing this document. council rates notices less than name and residential address atements or credit card issues than 3 months old, which coress and 'you/your' means all accounts and 'you'your' means all accounts and 'you'y	I, please select ONE valid option 2, please select TWO valid 2 months old, which contains 5. Block out the TFN before an 3 months old, which contains 5 ed by a recognised financial 1 htains the individual's name and 2 unt holders and other individuals 3 ivacy Policies (see "Our Policies").			

administer the products or services that you are seeking.

9. Privacy Consent and Notification (continued)

- Where you provide information about another person, it is important in order to protect their privacy, that you let them know you are sharing their information with us, and ensure they are aware of what is in this notice.
 - We do not normally collect sensitive information from you about other people, but you may want to give us this type of information in certain situations (for example, you might tell us about medical or health issues of people in your family when you ask us for financial hardship assistance). It is important that you only give us their sensitive information if the person has agreed to you sharing it with us.
- Your telephone calls and conversations with our customer service representatives may be recorded and monitored for quality, training and verification purposes.

Disclosures of your personal information

- We may disclose to, and obtain from, the following organisations personal information about you (as well as otherwise permitted by the Privacy Act):
 - our affiliates, sales agents and organisations that carry out functions on our behalf including card schemes, mailing houses, printers, data processors, researchers, administration or business management services, consultants, auditors, marketing service providers, data and document management providers and collection agents;
 - between us (being NAB and Citi);
 - any broker, introducer, financial, legal or other adviser acting in connection with your product or application;
 - regulatory and tax authorities in Australia and overseas, including the Australian Securities and Investments Commission;
 - organisations that have acquired, or are wishing to acquire an interest in any part of our business; and
 - as further set out in our respective Privacy Policies (see "Our Policies").

Identifying you for the purposes of the AML Act

- 6) We may provide your name, residential address and date of birth to a credit reporting body for the purpose of verifying your identity in accordance with the requirements of the AML Act which is not a credit check. As part of providing that information to the credit reporting body, we may request the credit reporting body to provide an assessment of whether the personal information matches (in whole or part) personal information held by the credit reporting body.
- The credit reporting body may prepare and provide an assessment to us and may use the names, residential addresses and dates of birth held by the credit reporting body, for the purpose of preparing such an assessment. Although you have agreed to us making this request and disclosure of your personal information for this purpose, if you don't wish for us to use this method to verify your identity, you may go to your local Australia Post Bank@Post outlet with appropriate forms of identification in order for your identity to be verified in person.

Disclosures to overseas recipients

- Some of the recipients to whom we disclose your personal information may be based overseas.
- 9) For a list of countries where such recipients are located, refer to:
 - NAB's Privacy Policy at nab.com.au/common/ privacy-policy; and
 - Citi's Privacy Policy at citibank.com.au/privacy.

Our Policies (including how to access and correct information and make a complaint)

- 10) You can review the relevant NAB and Citi policies at the following links:
 - NAB's Privacy Policy at nab.com.au/common/privacy-policy; and
 - Citi's Privacy Policy at citibank.com.au/privacy.

These policies include information as to how you can access and/or seek correction of the personal information we hold about you, how you can complain about a breach by us (meaning NAB and Citi) of the Privacy Act and how we will deal with such a complaint. There is no charge for making an access request but an administration fee may apply for providing access in accordance with your request. Your request will usually receive a response within 30 days.

If you wish to find out more information, or raise any specific or general concerns about us and our Privacy Policies, the contact details are as follows:

Privacy Officer

GPO Box 204

Sydney NSW 2001 Telephone: 1300 135 538

Email: privacy.officer@citi.com.au						
10. Check List						
Sections 1-8 Completed Documents required as p	per Sections 6,7 and 8 hav to 3 months	e been submitted				
11. Office Staff to complete						
Signature Verified by (Stamp and sign) Checker (Stamp and sign)	Date / / Date	Maker (Stamp and sign)	Date			