



THE FUND TRACERS

Your connection to lost funds

AUTHORITY TO RELEASE

I _____ of _____ authorise **The Fund Tracers** to recover the sum of (\$ _____) to be released in the name of _____

I authorise **The Fund Tracers** and its staff to undertake any necessary searches & procedures required for the recovery of the above funds.

I declare that authentic identification document(s) have been provided to **The Fund Tracers** and I have read **The Fund Tracers** Terms & Conditions and agree to them.

I agree that a fee of _____ will be payable to **The Fund Tracers** from the funds recovered.

Name (Please Print): _____

Signature: _____

Date: / /



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