



PO Box 2222, Midland WA 6936
Customer Centre
Telephone (08) 9273 7333
Facsimile (08) 9250 3187

REQUEST FOR A CERTIFIED COPY
(PLEASE ENTER REQUEST DETAILS BELOW)

COMPANY NAME: _____
CONTACT NAME: _____
TELEPHONE NUMBER: _____
FACSIMILE NUMBER: _____
ADDRESS: _____

<input type="checkbox"/> CHEQUE/CASH Yes / No Payment attached	<input type="checkbox"/> ACCOUNT _____ Account Number	<input type="checkbox"/> CREDIT CARD See Details Below
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CARD HOLDER NAME: _____

CARD NO.

EXPIRY DATE / /
DD MM YYYY

Please mark with an X **MASTER CARD** **VISA CARD**

CARD HOLDER'S SIGNATURE : _____

CERTIFIED COPIES REQUIRED

- *THERE IS A CHARGE OF \$60.00 FOR EACH ITEM TO BE CERTIFIED.*
- *A \$9.00 PROCESSING AND HANDLING FEE APPLIES TO ALL ITEMS RETURNED BY POST*

1 _____	3 _____
2 _____	4 _____

FOR OFFICE USE ONLY

RECEIPT DETAILS	SEARCH REQUEST DETAILS
ORDER NO: _____	RECEIVED: _____
TOTAL AMOUNT: \$ _____	COMPLETED: _____
AUTHORITY NO: _____	OFFICER'S INITIALS: _____
DATE: _____	POSTED/COLLECTED: _____