

APPLICATION FOR GROUP ACTION

Your full name: _____

Address: _____

Business Name _____

Phone: _____

Email: _____

How did you suffer your financial loss? [be brief]

Amount of quantifiable loss

\$

I confirm the above is true and correct

[tick to confirm]

If I am required in court I confirm I will attend

[tick to confirm]

Signed: _____ Date: _____

One-off \$100 donation to:
No further payment

Kalotihos A

BSB:

083 427

Account Number:

157141258

Reference:

<your full name>

Email your Application and receipt to:

PACLeader@protonmail.com

Email Subject:

Group Action <your name>

DO NOT SEND ADDITIONAL DOCUMENTATION AT THIS STAGE