

The Manager
Australia and New Zealand Banking Group Limited

Date _____

I, _____
(Name in full, surname last)

of _____
(Address)

request you to refund the amount of Bank Cheque No. _____ dated _____

in favour of _____ for \$ _____ drawn

on Australia and New Zealand Banking Group Limited _____ (branch).

In consideration of your compliance with this request, I hereby undertake to hold you harmless and keep you indemnified from and against all losses, costs or damages you may sustain or incur or to be put to by reason of the cheque being at any time paid or presented for payment and against all claims and demands which may be made by any person or persons claiming to be the legal holders of the cheque or in any way interested in it, and I promise to and engage to pay such losses, costs, and damages on demand.

Privacy and Confidentiality Acknowledgment

In the following passages dealing with the collection, use and disclosure of your personal information, reference to "we" and "us" means Australia and New Zealand Banking Group Limited and its related companies (including subsidiaries).

We are collecting your information in order to deal with your request to refund a Bank Cheque. Without this information we may not be able to consider or approve your request. By signing this form, you acknowledge and agrees that:

- (a) we may also use and disclose your information: to help us provide or tell you about other products or services which may interest you; for our internal administration and operations; and, for market or customer satisfaction research; and
- (b) we may disclose your information to credit reporting or debt collecting agencies; our alliance partners, agents, contractors and advisors; and to other parties authorised and/or required by law to collect your information.

You may request access to your information at any of ANZ's branches. Access will be granted in accordance with the Privacy Act 1988 for a fee. If any of your information is inaccurate, you may request that it be corrected.

We may contact you from time to time about products and services of ANZ, its subsidiaries and those of its corporate partners that may interest you. If you do not wish to receive this material, please tick the box below.

Please note: If you exercise this option, we will be unable to contact you by mail or telephone to provide you with any information, about products and services that may benefit you.

(Signature)

Witnessed by _____ on _____
(Signature) (Date)