



Commonwealth Bank

Commonwealth Bank of Australia
ABN 48 123 123 124
AFSL and Australian Credit Licence 234945

Bank Confirmation – Audit Request

Customer Request and Authority to Disclose

Section 1 – Bank Confirmation details

Addressed to

Commonwealth Bank of Australia

Entity name(s)

Auditor name

Audit date

Fee debit account

General audit request

☐ Yes ☐ No

Treasury audit request

☐ Yes ☐ No

☐ I have completed and will submit the GS 016 General Audit Request and/or Treasury Audit Request forms as per selection(s) above.

Section 2 – Authority to disclose

I authorise the Commonwealth Bank of Australia (CBA) to provide to our auditor any information that the auditor may request regarding any of our accounts and/or dealings with CBA.

I agree that any charge for providing this information will be debited from the above account.

I confirm the person(s) signing this Authority to Disclose letter are duly authorised to do so as the entity's representative.

Authorised representative's name

Title (e.g. Director/Partner)

Signature