

## Additional Statement Request Form

<b>Membership Name(s):</b>	<b>Membership Number:</b>
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**Current address and contact details\*:**

<b>Street:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Post code:</b>
<b>Telephone (Home):</b>	<b>Mobile:</b>	<b>Telephone (Work);</b>
<b>E-mail:</b>		

**\*If contact details (including phone number or email) have been changed, please provide the completed Change of Address (COA) request form.**

<b>Period of statement required:</b>	<b>From:</b> ____/____/____ <b>to</b> ____/____/____
<b>Reason:</b>	

**Primary Member's Signature:** ..... **Dated:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Joint Member's Signature\*:** ..... **Dated:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*If the account is operated jointly by two members)

**Note-**

1. Fees apply for statement older than three years.
2. Please allow three to five business days to process the request.

**Please send this completed form to:**

<b>ICFAL, P.O. Box: 462, Parramatta, NSW 2124</b> <b>Or</b> <b>Email- <a href="mailto:info@icfal.com.au">info@icfal.com.au</a></b> <b>Or</b> <b>Fax: (02) 80655030</b>
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