



Date:

Bank Name:

Address:

Cancer Patients Assistance Society
of NSW ABN 76 000 412 715

To Whom It May Concern:

Re: Bank Confirmation Request for Centrally Audited Branches

Can Assist Branch

Third Party Authority/Authority to Disclose Information regarding the following bank account

One form for each branch bank account.

Account Type	
Account Name	
BSB	
Account Number	

Please be advised that Dobbs Vumbaca & Co have been engaged by us, to conduct the audit of the above named branch, for the current financial year ending on 30th June.

As part of the audit, our auditors are required to obtain evidence in relation to all cash accounts and investments held by the entity at year end and also to conduct various audit procedures surrounding the cash assets of the entity.

This letter serves as full authority to request and obtain all information required for the efficient and timely completion of our audit. We therefore authorise you to disclose the information requested in our auditor's *Bank Confirmation — Audit Request (General) form* and their covering letter.

We further confirm that any charges relating to the issue of the *Bank Confirmation — Audit Request (General) form* to our auditors is debited from:

Account Name	
BSB	
Account Number	

Should you require any further authorisation in relation to our auditor's requests, please contact us on (02) 9216 9400 or email accounts@canassist.com.au as soon as possible, to enable the audit to be completed in a timely manner.

This form is required to be returned to Sydney Office by 31st March. Thank you for your prompt attention.

Yours faithfully,

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Name **Name**

.....

Position **Position**

On behalf of Can Assist