

Date:
 Bank Name:
 Address:



Suite 2 / Level 3, 92 Pitt Street
 Sydney NSW 2000
 Phone (02) 9216 9400
 Fax (02) 9223 9528
 Email admin@canassist.com.au
 Cancer Patients Assistance Society of
 NSW ABN 76 000 412 715

To Whom It May Concern:

Re: Bank Confirmation Request for Locally 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 thathave been engaged by us, to conduct the audit of the above named branch, for the current financial year ending 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.

Please debit any charges related to aforementioned form from:

Account Name	
BSB	
Account Number	

Please return a copy of this form to Sydney office by no later than 31st March. Please send the original forms to your local auditor by no later than 30th June.

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. Thank you for your prompt attention.

Yours faithfully,

.....
Name **Name**

Position **Position**

On behalf of Can Assist