

Additional Statement Request Form

Membership Name(s):	Membership Number:
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Current address and contact details*:

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

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

Period of statement required:	From: ____/____/____ to ____/____/____
Reason:	

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:

<p>ICFAL, P.O. Box: 462, Parramatta, NSW 2124 Or Email- support@icfal.com.au Or Fax: (02) 80655030</p>
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