

**AUTHORITY FORM**  
**(TO BE ATTACHED TO DASP FORM)**

I, .....

of (address):

Number:.....Street Name:.....

Suburb:..... City/Town:.....

County:..... State/Province.....

Postcode/Zip:..... Country:.....

Date Of Birth (dd/mm/yyyy): ...../...../.....Tax file Number:.....

I hereby authorise the accounting firm of *BACKPACKER TAX REFUNDS* of 371 ENMORE RD MARRICKVILLE NSW 2204, to act on my behalf in the capacity of accountants and registered tax agents, to prepare and sign my DASP (Departing Australia Superannuation Payment) Form based upon information provided by me.

I, the above mentioned, also hereby authorise the accounting firm *BACKPACKER TAX REFUNDS* of 371 ENMORE RD MARRICKVILLE NSW 2204, to act on my behalf in the collection of lost documents (which includes, but not limited to), superannuation details from employers, superannuation details from their respective Superannuation Funds, as well as other documents & information which in their capacity as accountants and registered tax agents, will allow them to correctly prepare and sign DASP (Departing Australia Superannuation Payment) Form, based on the information I have provided to them.

I have understood the above, and agree to sign this document in the space below

.....  
(Signature)

...../...../  
(Date Signed)

**AUTHORITY FORM TO ACT ON MY BEHALF AND DEDUCT ALL  
RELEVANT FEES AS LISTED BELOW (DASP).**

I, .....

of (address):

Number:.....Street Name:.....

Suburb:..... City/Town:.....

County:..... State/Province.....

Postcode/Zip:..... Country:.....

Date Of Birth (dd/mm/yyyy): ...../...../.....Tax file Number:.....

I hereby authorise the accounting firm of *BACKPACKER TAX REFUNDS* of 371 ENMORE RD MARRICKVILLE NSW 2204, to act on my behalf in the capacity of accountants and registered tax agents, to prepare and sign my DASP (Departing Australia Superannuation Payment) Form based upon information provided by me.

I, the above mentioned, also hereby authorise the accounting firm *BACKPACKER TAX REFUNDS* of 371 ENMORE RD MARRICKVILLE NSW 2204, to act on my behalf in the collection of lost documents (which includes, but not limited to), superannuation details from employers, superannuation details from their respective Superannuation Funds, as well as other documents & information which in their capacity as accountants and registered tax agents, will allow them to correctly prepare and sign DASP (Departing Australia Superannuation Payment) Form, based on the information I have provided to them.

I understand the fee to prepare my DASP refund is as follows:

- (i) A preparation and lodgement fee of AUD\$132.00
- (ii) If there is a requirement to transfer my refund to my overseas/foreign bank account, I understand there is an extra fee of \$35 for each transaction made.

I also hereby authorise the accounting firm of *BACKPACKER TAX REFUNDS* of 371 ENMORE RD MARRICKVILLE NSW 2204 to deposit any money received on my behalf referable to my superannuation affairs (which includes, but not limited to) any superannuation refund cheques in my favour from superannuation funds that I am a member of, into their account as to the time in which fees mentioned above for their professional services are paid in full. I have supplied *BACKPACKER TAX REFUNDS* my bank account details and agree for the above mentioned fee(s) to be deducted from any DASP refunds I am in receipt of, and have the balance credited to the bank account I have supplied under instruction.

I have understood the above, and agree to sign this document in the space below

.....  
(Signature)

...../...../.....  
(Date Signed)

**INFORMATION SUMMARY FOR DASP**  
**(DEPARTING AUSTRALIA SUPERANNUATION PAYMENT)**

**PERSONAL INFORMATION**

Surname:..... Given Name:.....

Other Name(s):.....

Gender: Male / Female (please circle)                      D.O.B (dd/mm/yyyy): ...../...../.....

Tax File Number:.....

Passport Number: ..... Country of Issue:.....

Contact Telephone Number(s):

• Australian:..... Overseas:...(+).....  
Type: Landline / Mobile / Other (please circle)

If OTHER, please specify:.....

• Australian:..... Overseas:...(+).....  
Type: Landline / Mobile / Other (please circle)

If OTHER, please specify:.....

Email address:.....

Has *Backpacker Tax Refunds* previously prepared and lodged an income tax return for you? Yes / No

If no, please provide details of the whom:.....

**POSTAL DETAILS**

**AUSTRALIAN**

Number:.....Street Name:.....

Suburb:..... State:..... Postcode/Zip:.....

**OVERSEAS**

Number:.....Street Name:.....

Suburb:..... City/Town:.....

County:..... State/Province.....

Postcode/Zip:..... Country:.....

**TRAVEL DETAILS**

Date of first arrival to Australia (dd/mm/yyyy):...../...../.....

Place of Arrival:..... Visa Number:.....

Date of Departure (dd/mm/yyyy):...../...../..... Place of Departure:.....

Visa Expiry Date (dd/mm/yyyy):...../...../.....

*Please be aware that you must forward a copy of your Passport (including Visa & Departure Stamp) which has been signed/certified by a Justice of the Peace, Notary Public, Police Officer. We are unable to finalise your DASP without this.*

**BANK DETAILS**

PLEASE CIRCLE which bank account you would like your refund to be processed to:

AUSTRALIAN

Bank Name:.....

Name of Account Holder:.....

BSB (SORT Code):..... Account Number:.....

OVERSEAS \*\*\*

Bank Name:.....

Name of Account Holder:.....

BSB (SORT Code):..... Account Number:.....

Address & Suburb of Branch:.....

.....

.....

IBAN:.....

Swift Code:.....

**\*\*\* Overseas bank accounts attract a \$30 telegraphic transfer fee. Please ensure you complete ALL BANK DETAILS required above, as failure to do so may result in a delayed, or unsuccessful bank transfer.**

**EMPLOYMENT DETAILS**

*(If you have any documents from your superannuation funds, please provide copies as it will assist in successfully completing your DASP request)*

**TOTAL Number of Employers/Agencies:.....**



**Employer Name:.....**

**Agency Name (if employed through one):.....**

**Employer Contact Details:**

**Phone:..(.....)..... Contact Person:.....**

**Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....**

**Superannuation Fund Name:..... Member Number:.....**



**Employer Name:.....**

**Agency Name (if employed through one):.....**

**Employer Contact Details:**

**Phone:..(.....)..... Contact Person:.....**

**Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....**

**Superannuation Fund Name:..... Member Number:.....**



**Employer Name:.....**

**Agency Name (if employed through one):.....**

**Employer Contact Details:**

**Phone:..(.....)..... Contact Person:.....**

**Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....**

**Superannuation Fund Name:..... Member Number:.....**



**Employer Name:.....**

**Agency Name (if employed through one):.....**

**Employer Contact Details:**

**Phone:..(.....)..... Contact Person:.....**

**Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....**

**Superannuation Fund Name:..... Member Number:.....**



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Agency Name (if employed through one):.....

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Phone:..(.....)..... Contact Person:.....

Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....

Superannuation Fund Name:..... Member Number:.....



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Phone:..(.....)..... Contact Person:.....

Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....

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Employer Name:.....

Agency Name (if employed through one):.....

Employer Contact Details:

Phone:..(.....)..... Contact Person:.....

Date of Commencement (dd/mm/yyyy):...../...../..... Date of Termination (dd/mm/yyyy):...../...../.....

Superannuation Fund Name:..... Member Number:.....

***IF YOU HAVE HAD MORE THEN 8 EMPLOYERS WHILST IN AUSTRALIA, PEASE PHOTOCOPY THIS PAGE AS REQUIRED***

