Australian Money Order Enquiry (Fax)

Please use this fax-friendly version of the form if fax will be used to send the form to Money Orders Centre. Note, there is a digital-friendly version of this form to fill out if form is to be sent via e-mail. Complete all relevant sections, including the signature box in section 4 (by printing and signing) and then send the form to the Money Orders Centre.

| | e of payr | nent | | | | | | | | | | | | | | | Please Sections | | • | | |
|--|----------------------|--------|------------|----------|---------|------------|-----------|---------|---------|---|--------|---------|---------|-------|---------|--------|--------------------|--------|-----------|------|--------|
| (B) Purchaser requ | | | d / Pave | ee reau | uestino | a rep | lacen | nent | | | | | | | | | Sections | s 1, 2 | and 4 | | |
| (C) Purchaser requ | | | | · | | | | | vee | | | | | | | | Sections | | | 4 | |
| (D) A replacement | | | | | | - | | | | ne se | ent ou | ıt to r | urch | aser | | | Sections | | | | |
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| ection 1: Details | of Mon | iey O | rder | | | | | | | | | | | | | | | | | | |
| oney Order Number: | | | | | | | | Ar | nount: | | \$ | | | | | Issu | ie Date: | | | | |
| OTE: If you have the ori | iginal Mo | ney Or | rder plea | ase ens | ure tha | at it is a | ittach | ed and | l forwa | rdec | with | this fo | orm. | | | | | | | | |
| suing Post Office: | | | | | | | | | | | | | | | | | | Sta | ate: | | |
| ayable to: | | | | | | | | | | | | | | | | | | | | | |
| placement money ord gent requests will be ection 2: Applica DTE: Refund requests. | consider ant deta | ails | NLY if a v | written | explai | nation | of the | e circu | mstan | ces i | s atta | ne orig | to th | purc | rm. | 's nar | ne. Refunds | s und | der \$1,0 | 00 w | ill be |
| ued by direct deposit ur Company Name: | to the ori | ginal | purchas | er's noi | minate | ed bank | acco | unt. Pl | ease o | omp | lete t | he ac | coun | t det | ails be | elow. | | | | | |
| ur Name: | | | | | | | | | | | | | | | | | | | | | |
| reet Address: | | | | | | | | | | | | | | | | | | | | | |
| burb / Town: | | | | | | | | | | | | | | | | | | Sta | ate: | | |
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| vtime Phone No: | | | | | | | | | | | | | | | | | | 70100 | uo. | | |
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| nail: | | | | | ۸۵ | count N | lumb | or. | | | | | | | | | | | | | |
| aytime Phone No: nail: SB: funds under \$1,000 only) | | | | | | count N | | | | | | | | | | | | | | | |
| nail: B: unds under \$1,000 only) | ement | Mon | ney Orc | der pa | (Refi | unds unde | er \$1,00 | 0 only) | /ee | | | | | | | | | | | | |
| nail: B: unds under \$1,000 only) | ement | Mon | ney Orc | der pa | (Refi | unds unde | er \$1,00 | 0 only) | /ee | | | | | | | | | | | | |
| nail: B: unds under \$1,000 only) ection 3: Replace me of Payee: | cement | Mon | ney Orc | der pa | (Refi | unds unde | er \$1,00 | 0 only) | /ee | | | | | | | | | | | | |
| nail: B: funds under \$1,000 only) ection 3: Replace me of Payee: reet Address: | cement | Mon | ney Orc | der pa | (Refi | unds unde | er \$1,00 | 0 only) | /ee | | | | | | | | | Sta | ate: | | |
| nail: :B: | cement | Mon | ey Orc | der pa | (Refi | unds unde | er \$1,00 | 0 only) | /ee | | | | | | | | Po | Sta | ate: | | |

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Express Money Orders Only

| press Money der Number: | | | | | | Am | ount: | \$ | | | | | |
|----------------------------|-------------|-------------|---------|-------------|----------|------------|--------------|----|--|--|--|--|---|
| vish to apply for: | | | | | | | | | | | | | |
| Stoppage of Payment | t (Complete | Section | 1 only) | | | | | | | | | | |
| | | | | | | cotion 1 9 | . 2) | | | | | | |
| Change of Payee and | / or Post C | office of r | navmer | nt ((`\c)m | INIETE | | | | | | | | |
| Change of Payee and | / or Post C | office of p | oaymer | it (Con | пріете з | ection is | . 2) | | | | | | |
| Change of Payee and | / or Post C | Office of p | oaymer | nt (Com | пріете 8 | ection 18 | <i>(()</i> | | | | | | _ |
| Change of Payee and | | | | <u> </u> | | | | t | | | | | _ |
| ection 2: Details o | | | | <u> </u> | | | | t | | | | | |
| ection 2: Details o | | | | <u> </u> | | | | t | | | | | |
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