

# FM02: Audit request form

Use this form to request audit information from UBank for a Self Managed Super Fund.  
Return to: UBank Reply Paid  
1466 North Sydney NSW 2059



U BANK

ubank.com.au  
13 30 80

## Instructions

### Auditor

Complete all known details in the outlined areas of this form before forwarding to the bank, including all known account names and the corresponding BSB and account numbers. If the space provided on the form is inadequate, attach a separate request giving full details of the information required.

### Bank

Confirm that the details provided in the outlined areas are correct as at the confirmation date shown below, and highlight any variation/s. Also add any relevant information that may have been omitted by the customer/auditor. Complete the outlined areas in sections 1-11. Sign the completed form and return the original direct to the auditor, and a duplicate to the customer, in the stamped Addressed envelopes provided. A copy may be retained by the bank.

## 1. Bank and customer information

BANK NAME	CUSTOMER/ENTITY NAME
UBank	
BANK ADDRESS	CUSTOMER/ENTITY ADDRESS
PO Box 1466 North Sydney NSW 2060	

### 1.1 Auditor information

AUDITOR NAME

AUDITOR ADDRESS

CONTACT NAME

TELEPHONE NUMBER

POSTAL ADDRESS

EMAIL ADDRESS

DATE OF REQUEST

CONFIRMATION DATE

Authority to disclose information attached

Request for Acknowledgment attached

YES NO

YES NO

Third party authority attached

YES NO

NOT APPLICABLE

## 2. Credit account balances

Provide details of all account balances in favour of the bank customer as at the confirmation date, in respect of current accounts, interest bearing deposits, foreign currency accounts, convertible certificates of deposit, money market deposits, cash management trusts and any other credit balances. Provide details for the accounts listed below and for any other accounts not listed. Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order.

### 2.1 Auditor/customer to complete

ACCOUNT NAME	
BSB NUMBER	ACCOUNT NUMBER
CURRENCY [AUD]	BALANCE [\$]

### 2.2 Bank to provide information on other account not identified (Bank to complete)

ACCOUNT NAME	
BSB NUMBER	ACCOUNT NUMBER
082-991	
CURRENCY [AUD]	BALANCE [\$]

### 2.3 Debit account balances

Provide details of all account balances owed to the bank by the bank customer as at the confirmation date, in respect of overdraft accounts, bank loans, term loans, credit cards and any other debit balances. Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order.

### 2.4 Auditor/customer to complete

ACCOUNT NAME	
BSB NUMBER	ACCOUNT NUMBER
CURRENCY [AUD]	BALANCE [\$]

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2.5 Bank to provide information on other account not identified

ACCOUNT NAME

BSB NUMBER

ACCOUNT NUMBER

CURRENCY [AUD]

BALANCE [\$]

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3. Promissory notes/bills of exchange held for collection on behalf of the customer

MAKER/ACCEPTOR

DUE DATE

BALANCE [\$]

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4. Customer's other liabilities to the bank (bank to complete)

Provide details of the following as at the confirmation date:

- a. Acceptances, bills discounted with recourse to the customer or any subsidiary or related party of the customer, endorsed drafts/notes, forward exchange contracts, letters of credit, liability in respect of shipping documents where customer's account not yet debited.
- b. Bonds, guarantees, indemnities or other undertakings given to the bank by the customer in favour of third parties (including separately any such items in favour of any subsidiary or related party of the customer). Give details of the parties in favour of whom guarantees or undertakings have been given, whether such guarantees or undertakings are written or oral and their nature.
- c. Bonds guarantees, indemnities or other undertakings given by you, on your customer's behalf, stating whether there is recourse to your customer and/or any other related entity.
- d. Other liabilities – give details.

NATURE OF LIABILITY

TERMS OF LIABILITY

CURRENCY

NAME OF BENEFICIARY

BALANCE

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5. Items held as security for customer's liabilities to the bank (bank to complete)

PROVIDE DETAILS

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6. Leases (bank to complete)

Provide details of all known finance leasing commitments

LEASED ITEM

RESTRICTIONS/SPECIAL ARRANGEMENTS

LEASE TERM

CURRENCY

IMPLICIT INTEREST RATE

REPAYMENT TERMS

BALANCE

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7. Accounts opened/closed (bank to complete)

List details of any account opened or closed during the twelve months prior to confirmation date.

ACCOUNT NAME

BSB NUMBER

ACCOUNT NUMBER

OPEN OR CLOSED

DATE OPENED/CLOSED

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8. Unused limits/facilities (Bank to complete)

Please confirm details of all available unused limits/facilities at confirmation date.

TYPES OF FACILITY

FACILITY LIMIT

UNUSED LIMIT

TERMS OF FACILITY USE

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9. Defaults and breaches (bank to complete)

With reference to the customer's accounts with the bank, provide details of any defaults or breaches during the period and full details of such defaults and breaches. Include details, for example, of:

- a. Loans payable in default at the confirmation date and whether they have since been re-negotiated, and
- b. bank covenants breached during the twelve months up to the confirmation date and whether the breach was remedied.

PROVIDE DETAILS

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10. Other information

Please confirm (box 1) and/or provide any other details (box 2) relating to any financial relationships not dealt with under sections to 1-9 above.

BOX 1 [AUDITOR/CUSTOMER]

BOX 2 [BANK]

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11. Bank authorisation (bank to complete)

This certificate has been completed from our records at UBank. The Bank and its staff are unable to warrant the correctness of that information and accordingly hereby disclaim all liability in respect of the same. The information contained herein is confidential and provided for private use in confirmation of our customer accounts for audit purposes only. It may not be used for any other purpose or by any other persons. In particular this is not a credit reference.

Authorised by

SIGNATURE

FIRST NAME

SURNAME

TITLE

TELEPHONE NUMBER

EMAIL ADDRESS

DATE COMPLETED [DD/MM/YYYY]

OTHER AUTHORISATION DETAILS [WHERE APPLICABLE]