

TRANSMISSION VERIFICATION REPORT

TIME : 03/04/2023 13:12  
NAME : CITIC RESOURCES  
FAX : 0396146824  
TEL :  
SER.# : E71448M3J561422

DATE, TIME	03/04 13:11
FAX NO./NAME	1300139024
DURATION	00:01:17
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM



## Release authority statement

22 February 2023

You must:

- complete section B **and** if required section C
- sign and date the declaration (section E) that applies to you, and
- send the completed statement **without a cover sheet** by mail or fax:

mail to  
Australian Taxation Office  
PO Box 3578  
ALBURY NSW 2640

OR fax individually to  
1300 139 024

Print clearly, using a BLACK pen only.  
Use BLOCK LETTERS and print one character per box.

S	M	I	T	H		S	T			
---	---	---	---	---	--	---	---	--	--	--

- Place ☒ in ALL applicable boxes.

You must return this statement to us within 20 business days of the issue date on the enclosed letter.

1	Title	MR
2	Family name	KAM
3	First given name	IRWIN KAM SHING
4	Member TFN	150351293
5	Member account number	SMSF113308862993
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2021 - 22
9	Payment reference number	5510 0150 3512 9335 11

Complete this section detailing the amount paid and if required the amount unable to be released from your member's super interest.

The amount to be paid to the ATO is \$ 618.75

10 Amount paid \$    ,    .

11 Date amount paid 14 / 3 / 2023

**12 Amount unable to be released** \$    ,    ,    .    
(Complete section C if there is an amount unable to be released)



9 781886 051180

## Section C: Reason for not releasing money

Complete this section if you cannot pay the full amount from your member's super interests.

### 13 Reason for non-release or partial release (Place an ☒ in the applicable box)

- ☐ The member does not have sufficient funds available or no longer has any super interests within this fund.
- ☐ The member has funds available, though cannot be released due to the interest being a defined benefit interest.

## Section D: Super fund details

14 Super fund name THE TRUSTEE FOR IRWIN AND STEPHANIE SUPERANNUATION FUND

15 Super fund ABN 96832460606

## Section E: Declaration

Complete the declaration that applies to you.

! Penalties may be imposed for giving false or misleading information.

### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

I declare that:

- the information contained in the statement is true and correct
- where an amount has been paid, it has been released from account(s) held by the member.

Name (Print in BLOCK LETTERS)

IRWIN KAM

Signature



Date

Day Month Year  
14 / 3 / 2023

Contact number 0416149910

OR

### AUTHORISED REPRESENTATIVE DECLARATION

I, the authorised representative of the super provider, declare that:

- I have prepared the statement with the information supplied by the super provider
- I have received a declaration made by the super provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the super provider to give the information in the statement to the ATO.

Name (Print in BLOCK LETTERS)

Signature

Date

Day Month Year  
/ /

Contact number

Tax agent number (if applicable)

### Privacy

The ATO is a government agency bound by the Privacy Act 1988 in terms of collection and handling of personal information and tax file numbers (TFNs). For further information about privacy law notices please go to [ato.gov.au/privacy](https://ato.gov.au/privacy)