

BANK CONFIRMATION - AUDIT REQUEST (GENERAL)

Instructions

Auditor

- a) Complete all known details in shaded areas before forwarding to the bank.
- b) If the space provided on the form is inadequate please attach a statement giving the full details as required by the headings on the form.

Bank

- a) Complete unshaded areas, by listing information as called for under the relevant heading, from detail contained in the bank's records.
- b) Confirm details in the shaded area as to ensure that the details supplied are as at the confirmation date shown below.
- c) Correctness, and mark any variation in red on all copies. Also insert, in red, any information that may have been omitted by the customer/auditor.
- d) Three (3) copies of the form should be received by the bank. All completed copies of the confirmation are to be signed with the original returned direct to the auditor in the enclosed stamped addressed envelope. The duplicate is to be forwarded to the client and the triplicate retained by the bank.

- Customer RICHARD E LEEMING & JANE E LEEMING ATF THE LEEMING SUPERANNUATION FUND PO BOX 122 GOOMALLING WA 6460		- Bank Bankwest, a division of Commonwealth Bank of Australia PO BOX E237 PERTH WA 6841		REFERENCE NUMBER: 6275316
- Auditor CARTERWOODGATE PO BOX 1156 MIDLAND DC WA 6936		Customers Authorised Signature AUTHORISATION CONFIRMED		
Contact:	DARRYL CARTER	Ph:	08 9250 2144	
Confirmation date: 30 June 2021		Third Party Authority is attached		Yes / No / Not Applicable

1. CREDIT ACCOUNT BALANCES

Give details of all account balances in favour of the bank customer as 30/06/2021. Include details of any current accounts, interest bearing deposits, foreign currency accounts, convertible certificates of deposit, etc if not listed below.

A/C Name	A/C No.	Balance	Currency	Int. Rate
RICHARD E LEEMING & JANE E LEEMING ATF THE LEEMING SUPERANNUATION FUND				
BUSINESS ZERO TRANSACTION ACCT	028-042288-4	63,153.53	AUD	N/A

2. DEBIT ACCOUNT BALANCES

Give details of all account balances owed to the bank as at 30/06/2021. By the bank customer in respect of overdraft accounts, bank loans, term loans etc, and also repayment terms.

A/C Name	A/C No.	Balance	Currency	Limit	Int. Rate	Term
N/A						

3. PROMISSORY NOTES/BILL OF EXCHANGE HELD FOR COLLECTION ON BEHALF OF THE CUSTOMER

Market/Acceptor	Amount	Due Date
N/A		

4. CUSTOMERS OTHER LIABILITIES TO THE BANK

List Liabilities owed, including:

- a) Bills discounted with recourse, endorsed drafts/notes forward exchange contracts, letters of credit, liability in respect of shipping documents where customer's accounts net yet debited.
- b) Include date, name of beneficiary, amount and brief description of any guarantees, bonds or indemnities undertaken by the bank on behalf of the customer (with recourse) or given by the customer.
- c) Other liabilities – give details.

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- Customer RICHARD E LEEMING & JANE E LEEMING ATF THE LEEMING SUPERANNUATION FUND PO BOX 122 GOOMALLING WA 6460	- Bank Bankwest, a division of Commonwealth Bank of Australia PO BOX E237 PERTH WA 6641	REFERENCE NUMBER: 6275316
- Auditor CARTERWOODGATE PO BOX 1156 MIDLAND DC WA 6936	Customers Authorised Signature AUTHORISATION CONFIRMED	
Contact: DARRYL CARTER Ph: 08 9250 2144		
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A/C Name	A/C No.	Balance	Currency	Int. Rate
RICHARD E LEEMING & JANE E LEEMING ATF THE LEEMING SUPERANNUATION FUND				
BUSINESS ZERO TRANSACTION ACCT	028-042268-4	63,153.53	AUD	N/A

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- b) Include date, name of beneficiary, amount and brief description of any guarantees, bonds or indemnities undertaken by the bank on behalf of the customer (with recourse) or given by the customer.
- c) Other liabilities – give details.

Nature of Liability	Amount (Limit)	Amount (Usage)	Currency	Due Date
N/A				

5. ITEMS HELD AS SECURITY FOR CUSTOMER'S LIABILITY TO THE BANK

Indicate if securities relate to particular borrowings or liabilities to the bank whether lodged in the customer's name. Also include details of any negative pledge arrangements.

If lodged by a third party, that party's authority to disclose details must be attached.

Description (Include amount if applicable)
N/A

6. ACCOUNTS OPENED/CLOSED

List details of any accounts opened or closed during the twelve months prior to confirmation date 30/06/2021.

A/C Name	A/C No.
N/A	

7. SEALED PACKETS, LOCKED BOXED, SECURITY ETC.

Are sealed packets held on behalf of the customer? N/A

Are locked boxes held on behalf of the customer? N/A

Are security packets held on behalf of the customer? N/A

8. UNUSED LIMITS/FACILITIES



Please confirm details of all available limits/facilities at confirmation date 30/06/2021.

Facility	Amount	Amount Unused	Conditions Of Facility
N/A			

9. OTHER INFORMATION

Please confirm (see shaded area) and/or provide any details (unshaded area) relating to any financial relationships not dealt with under any of the above headings.

N/A

Signature	Bank Stamp	Date Completed and Returned
 <hr/> Title Support Services Consultant Phone 13 70 00		24/12/2021

Nature of Liability	Amount (Limit)	Amount (Usage)	Currency	Due Date
N/A				

5. ITEMS HELD AS SECURITY FOR CUSTOMER'S LIABILITY TO THE BANK

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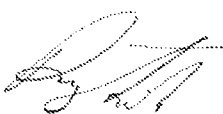

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Signature	Bank Stamp	Date Completed and Returned
 <hr/> Title Support Services Consultant Phone 13 70 00		24/12/2021