

### CLIENT ACCEPTANCE FORM

Youngs Super Fund  
New England Pharmacy  
Shop 1/168-180 Rouse Street  
TENTERFIELD NSW 2372

#### Tax Invoice

TAI-20479187

Ref: YOUN0014  
25 May 2020

This *Client Acceptance Form* is your invitation to participate in the Sam Greco & Co Audit Shield service. Participation in the Audit Shield service is active the next business day upon receipt of payment. Liability limited by a scheme approved under Professional Standards Legislation. This document serves as a tax invoice/receipt upon payment.

#### Details

Expiry Date: 30 June 2021 at 4p.m.  
Level of Cover: \$ 10,000.00  
Turnover Category: Self-Managed Super Fund

Name of Entities / Individuals to be covered:  
**Youngs Super Fund**

*Paid 4/6/20 Receipt 22924963*

#### Payment

Fee for Audit Shield service participation:	\$ 290.91
GST Added:	\$ 29.09
<u>Amount Due:</u>	\$ 320.00

#### Privacy Statement

By paying this invoice, and in the event of any claims, you authorise us to provide reasonable personal/private information about you and/or any related entity to support the claim.

-----<----- For cheque payments, please detach beneath this line and forward it along with your cheque payment to the address listed below. ----->-----



**DEFT**  
PAYMENT SYSTEMS

DEFT Reference Number: 404251204791875

#### BPAY

To pay via BPAY, use the following details:

**Biller Code:** 253575

**Biller Reference:** 404251204791875

Contact your participating financial institution to make a payment from your cheque or savings account.

#### Mail

Post cheques to: GPO BOX 794,  
BRISBANE QLD 4001.



Cheques must accompany this form and are payable to: **Audit Shield - Sam Greco & Co**  
Please note this GPO Box is for cheque payments only.

#### Total Due

**\$320.00**

Please ensure payment for this remittance advice is made from your Super Fund only.