



BACK DATED TRANSFER AUTHORITY

Please complete this form and return to Loscam Customer Service for any transfers that are older than two months that require both parties authority.

Phone: 1300 309 930

Email: customer.service@loscam.com

Fax: 03 9843 3701

DOCKET NUMBER	ORIGINAL EFFECTIVE DATE	NEW EFFECTIVE DATE	PRODUCT TYPE	ORIGINAL QUANTITY	NEW QUANTITY

SENDING PARTY:

Loscam Account Number: _____

Company Name: _____

I accept the above mentioned transfers to be processed OFF my Loscam Account.

Authorising Signature: _____

Print Name: _____

Date: _____

RECEIVING PARTY:

Loscam Account Number: _____

Company Name: _____

I accept the above mentioned transfers to be processed ONTO my Loscam Account.

Authorising Signature: _____

Print Name: _____

Date: _____