Order Number	Reception	
Date of application	Applicant	



Thank you for using our Okaytax which is the authorised Tax Agency from Australia government. Our Okaytax is the professional tax agency dealing with tax returns and superannuation returns. Furthermore, our company consists of many specialized accountants who had long career in CYS Taxation Team. We always try to provide the client high returns as quickly as we can in terms of clients perspective.

As you apply, attach a **Payment summary or Last Payslip** and if you want to have a further consultation, Please make sure note in abnormality column such as 'need to consultation' then, our accountant in charge will call you in person. Also before make application form, read carefully method of apply form. Should have not fully understand in any section, leave a blank.

-Method of apply returns of taxation form -

1. Personal Detail

All columns are compulsory entry. Please write time and phone number that we may contact with you on contact column. We will give a phone call immediately after ends of processing of apply.

2. Information of Processing

Tax-file Number is compulsory and date of arrival and departure countries must be accurate.

3. Information of Superannuation

Write a form only person who needs to refund of Superannuation. If you unknown in Superannuation Company or number of superannuation, write as 'need to consultation'. Also who has a plan to leave Australia in 3months, prepare a form ahead and we will keep your form. Just let us know before leaving country then we will process your application as quickly as we could.

4. Information of refund

Choose one of method of refund.

Method1. To send Australian bank account (Commission Payment in advance / deferred payment)
Method2. To send Korean bank account (Commission Payment in advance / deferred payment)
Method3. Send a cheque to prefer country by post (Commission Payment in advance /deferred payment)
If you prefer to receive refund to Korean/Australian bank account, and want to use deferred commission
fee payment(Deduction from refund), applicant need to use our Okaytax credit bank account which under
control in Australia national tax service. Therefore, applicant needs to sign in Letter of Authorised. (Extra
using credit account fee \$20 will be charged to our account)

5. Signature

Please sign on top of this form with applicant name.

General Power of Attorney

This is the document for you to authorise us to act on behalf of you until we finalise your tax and superannuation return. Please sign above "Principal's signature" on the last page of the application.

Free Optus	0422 680 788 Free Three 0430 161 551 Free call 1800 123 275 Email info@okaytax.com
Deposit to	Bank: WESTPAC Account Name: Okaytax Pty Ltd BSB: 034 215 Account Number: 485 485
Sydney Office	104 / 379 Pitt St. Sydney NSW 2000

Applicant	Commission	PAID / UNPAID / TRUST	Order
Reception	fee		Number

Tax / Superannuation Refund Form

Date:



Signature:

★ Please write in **ENGLISH** 3. Information of Superannuation ★ Attach a PAY SUMMARY or FINAL PAYSLIP (Fill up who want to refund of superannuation) Name of 1. Personal Detail Superannuation Surname: company: First name: Client Number: Sex: Date of birth: **4. Method of Refund** (Tick prefer column **☑**) Contact(Australia): ☐ Australian Bank Account(☐ Payment in Address(Australia): advance / □ Deferred payment) Name of account: Contact(Home Country): BSB Number: $Address(Home\ Country)$: Account Number: @ E-MAIL ☐ Home Country Bank Account (□Payment in advance/ □ Deferred 2. Present Condition payment) Tax-file Number: of Name Times of work: account : Contents of work: Account Number: Date of arrival: Date of depart: SWIFT CODE: □Cheque (Only available at payment in advance) ★ abnormality (Write any questions if need a further information) I declare that the information provided is true and correct. Also I authorise all my authority to Okaytax accountant.

Name:

General Power of Attorney

Part 1: General

This power of attorney is made on the
of(Street address)
1. I appoint—
(Name)
of
(Street address)
and I appoint—
(Name)
of
(Street address)
to be my attorney(s). My attorney may exercise the authority conferred on my attorney by Part 2 of the <i>Powers of Attorney Act 2003</i> to do on my behalf anything I may lawfully authorise an attorney to do. My attorney's authority is subject to any additional details specified in Part 2 of this document.
2. I give this power of attorney with the intention that it will continue to be effective if I lack capacity through loss of mental capacity after its execution.
Note to clause 2: You can cross out clause 2 if you do not want it to apply. If you want clause 2 to apply, then you need to see a solicitor, barrister, registrar of a Local Court or other prescribed witness referred to in section 19 of the Powers of Attorney Act 2003 who must complete the certificate that is required under that section.
2 This was a factor was a factor with a factor was a factor was a factor with a factor was a
This power of attorney operates—immediately
 when my attorney accepts (or as each of my attorneys accept) the appointment
when my uncorney accepts (or as each or my uncorneys accept) the appointment
on and from
• up to and including
 when my attorney considers that I need assistance managing my affairs
• other
If no option is selected or the options chosen are unclear or inconsistent, I intend that the power of attorney will operate immediately or, if clause 2 is not crossed out, when my attorney accepts, or each of my attorneys accepts, the appointment

Note to clause 3: Cross out the options that you do not want.

If you include clause 2 above, the power of attorney will not operate to confer any authority on any attorney until the attorney accepts the power of attorney by signing this document.

4. If I appoint more than one attorney, then I appoint them jointly and severally.

Note to clause 4: Cross out "and severally" if you want your power of attorney to operate only when both attorneys act together and are both living. You should get legal advice on changing this clause.

Part 2: Additional Powers and Restrictions

5. I authorise my attorney to give reasonable gifts as provided by section 11(2) of the Powers of Attorney Act 2003.

Note to clause 5: Cross out if you do not want to confer this authority.

(Witness's address)

and medical expenses as provided by section 12(2) Note to clause 6: Cross out if you do not want to confer this at	
There to chause of Cross our g you do not want to conget his an	unoruy.
7. I authorise my attorney to confer benefits on—	
(Name)	
of(Street address)	
and	
(Name)	
of(Street address)	
to meet their reasonable living and medical expenses as Attorney Act 2003.	s provided by section 13(2) of the Powers of
Note to clause 7: Cross out if you do not want to confer this at	uthority.
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