

Super Cover Enquiry Form

Your Firm's
Name

Contact
Name

Mobile: _____

Contact

Work () _____

Fax () _____

Email: _____

Postal
Address

Street

Address

Number of Directors / Partners _____

Number of Employees _____

Number of Office Locations _____

Approximate Number of Self Managed Super Funds:

Above number split into various annual limits:

_____ \$10,000

_____ \$20,000

_____ \$30,000

Past Self Managed Super Fund audit history:

Approx. # of audits:

2008: _____

2007: _____

2006: _____

Approx. cost of the audits

2008: \$ _____

2007: \$ _____

2006: \$ _____

Other comments on frequency & \$ cost of audits we should know about?

Signed: _____ Date: ____/____/____

Print name: _____ Position: _____

Please fax to 02 92614229

or scan and email to audit@superfundcover.com.au