

Richmond Villa

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**SOCIETY OF AUSTRALIAN
GENEALOGISTS**

STERLING CHEQUE REQUISITION FORM

Member Name: _____

Member Address: _____

State: _____ Postcode: _____

Member No: _____ Telephone: _____ Mobile: _____

- I agree:
1. This cheque is required for genealogical purposes only.
 2. All cheques supplied by the SAG under this scheme must be cleared within 6 (six) months.
 3. I will be responsible for any additional charges incurred by the SAG if this cheque is cancelled or lost.

Signature: _____ Date: _____

Name in which cheque is to be drawn: _____

Address to which cheque will be forwarded: _____

Purpose for which cheque is required: _____

Amount in Sterling (limit 200): _____

	EXAMPLE	YOUR CHEQUE
Amount in Sterling:	8.00	<input type="text"/>
Current Exchange Rate:	0.39	<input type="text"/>
DIVIDE sterling amount by exchange rate:	8.00 / 0.39	<input type="text"/>
SUBTOTAL:	\$20.51 +	<input type="text"/> +
ADD SAG Service Fee: £1-£50 = \$10 £51-£100= \$15 £101+ = \$20	Add Service Fee	<input type="text"/>
AUD \$ amount to be forwarded to SAG:	Total	<input type="text"/>
Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CCV No <input type="text"/> <input type="text"/> <input type="text"/>

Expiry Date: ____/____/____

Please return this form to: SAG at 120 Kent Street, Sydney, NSW, 2000 or Email info@sag.org.au

NB: The Sterling Cheque will be mailed back to you.

Office Use Only:

Checked: _____ Date of Cheque: _____

Authorised By: _____ HSBC Cheque Number: _____