

# KJC Secure Vaulting (KJCSV) Exit Form

Account Name:

Account Type (Personal/Dual/Entity):

KJCSV Account Number:

I have authority to act on behalf of this account

All clients/directors must act co-jointly on behalf of this account

[KJCSV Account Password:](#)

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## Sale

I would like to request the sale of my items from KJCSV:

I would like to sell only part of my items held in KJCSV.

I would like to sell all of my items held in KJCSV.

### Payment Details

Account Name:

BSB:

Account Number:

Bank:

I confirm the above supplied bank account is correct and the name of my KJCSV account

I have or will supply KJCSV with a sales letter or tax invoice with the products accurately described before KJCSV release payment.

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## Removal for Collection / Shipping

I would like to request the removal and sale of my items from KJCSV.

I would like to remove only part of my items held in KJCSV and have them;

Shipped to my nominated address and agree KJCSV will invoice me for freight charges.

Collected from the KJC retail store.

I would like to remove all of my items held in KJCSV and have them;

Shipped to my nominated address and agree KJC will invoice me for freight charges.

Collected from the KJC retail store.

Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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**Grand Total**

I confirm the above detailed products are accurate and correct.

Print Name:

Sign:

Date:

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Admin Use: