Australian Government
Royal Australian Mint

Mutilated Coin Claim Form

Surname/Business Name of Claimant

Given Name/Contact (for business)

Mr ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other** ☐

Address

Telephone Number
Business **Private**

Details of coins in this claim

Denomination	Qty
5c	
10c	
20c	
50c	
$1	
$2	
Total	

How did the damage to the coins occur?

Claimant's Declaration

I declare that:

- **the particulars of this form are true and complete;**
- **I am the owner of the coins described on this form, or I am authorised by the owner to return the coins described on this form**
- **I indemnify the Mint against any other claim (by me or any other person) relating to the coins described on this form**
- **I will not hold the Mint or its agents, employees or servants responsible for any further damage to the coins described on this form**

Signature of Claimant

Date

Receiving Bank Use Only

Bank where claim was received
Bank Name **Branch**

BSB Number **Bank Reference**

I certify that the claimant has an account with this bank

Signature of bank officer

Bank Stamp

Mint Use only
Receipt Number **Date received**