



**Acceptance of Terms and Conditions of Service for the Provision of NDIS
Support Services.**

The NDIS Client (or the NDIS client's carer, as applicable) agrees to the following:

- 1) I have received a copy of the SRS NDIS support services terms and conditions of service.
- 2) I have received a copy of the summary of the SRS NDIS insurance policy.
- 3) I am aware of the activities which I may partake of which are covered by SRS's NDIS insurance policy.
- 4) I agree to abide by ALL the terms of service of SRS NDIS support services. I understand that my acceptance and participation in activities using SRS NDIS support indicates automatic acceptance of ALL SRS's NDIS support services' terms and conditions applicable at the time of service.
- 5) I am aware that current copies of the above documents may be downloaded at any time by visiting www.successrefundservice.com.au

Signed: _____ (Client)

Name: _____

Signed _____ (Clients carer/Parent/guardian if applicable)

Name _____

Date _____

Ph. Australia: 1300 472 395
International: +61 444 553 760
Fax: 03 8648 0654



admin@successrefundservice.com.au



ABN: 21 457 525 309



www.successrefundservice.com.au
www.successrefundservice.com
www.successrefundservice.co.uk

