

Henry Davis York  
44 Martin Place  
SYDNEY NSW 2000

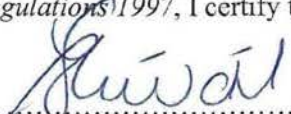
DATE: 25/11/2015  
OUR REF: RLW/KAS/3139389

**CLAIM FOR PAYMENT**

YOUR REFERENCE: DLO176/2015  
PO4500984759

INSTRUCTING OFFICER: Michael Lysewycz/Maj Lauren Sanders

For the purpose of regulation 9 of the *Financial Management and Accountability Regulations 1997*, I certify that payment of this amount may properly be made.

  
.....  
Kerry Stewart

25/11/15

**RE: STRATEGIC PLANNING FOR ABUSE CLAIMS**

Could you please arrange payment for the following in relation to the above matter.

PARTICULARS OF CLAIM	AMOUNT
Settlement of costs and disbursements for Mr Greaves' claim	\$70,000

Payment is to be made into the following account:

**Bank:** REDACTED  
**Branch:** REDACTED  
**BSB No:** REDACTED  
**Account No:** REDACTED  
**Account Name:** Henry Davis York Trust Account  
**SWIFT Code:** REDACTED  
**ABN:** REDACTED

Should you have any queries concerning this claim please contact:

NAME: Kerry Stewart  
TELEPHONE: 02 9947 6182

Please forward payments to this office within 14 days quoting our reference and particulars with your remittance.