2.C-GNIDAFIP-

SCREEN FASCIMILE 1: AFIP

 MSSICS FINANCIAL PERMISSIONS PAGE 1 OF AFIP

 SSS-SS-SSSS SSSSS SSSSSSSSSSS

 PERMISSION TO CONTACT FINANCIAL INSTITUTIONS (Y/N): X

EFFECTIVE DATE (MMDDYY): 999999

 EFFECTIVE END DATE (MMDDYY): 999999

 IF NO, GOOD CAUSE ALLEGED (Y/N): X

IF YES, CLAIMANT’S STATEMENT EXPLAINING GOOD CAUSE:

 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 DISPOSTION OF GOOD CAUSE: 9

 1 = ESTABLISHED 2 = NOT ESTABLISHED 3 = PENDING

 EVALUATION OF GOOD CAUSE REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MORE(Y): X