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