

SCREEN FASCIMILE 1:

AFIP

MSSICS FINANCIAL PERMISSIONS
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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:
XX
XX

DISPOSTION OF GOOD CAUSE: 9
1 = ESTABLISHED 2 = NOT ESTABLISHED 3 = PENDING

EVALUATION OF GOOD CAUSE REQUEST
XX
XX

MORE (Y): X