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## MANADATORY FOREIGN PAYMENT RELEASE FORM

<b>NAME :</b>	
<b>ADDRESS :</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE/FAX :</b>	
<b>EMAIL :</b>	
<b>GENDER :</b>	
<b>D.O.B :</b>	
<b>MARITAL STATUS :</b>	
<b>REF NUMBER :</b>	
<b>NATIONALITY :</b>	

You are to submit this form with a copy of a governmental issued identification card from your country for verification purposes

With best regards.

**Jeffrey Dean**  
**Google Senior Claims Mobilization Officer**



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