



Taylor Collison Limited  
Sharebrokers and Investment Advisers

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ASFL 247083

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# Authorisation: Financial Information

Account Number (if known):

□ □ □ □ □ □ □ □

Account Name:

\_\_\_\_\_

I / We (Client /Director Name(s)):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

hereby authorise Taylor Collison Limited to release financial statements / holdings / account history on my/our account to:

Name:

\_\_\_\_\_

\_\_\_\_\_

Company:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Tick if required:

I / We authorise a copy of sale and buy confirmations to be sent to the above address.

I / We hereby covenant to indemnify and forever keep indemnified Taylor Collison Limited and its Agents, from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against it by reason of compliance with this request.

Yours faithfully

\_\_\_\_\_  
**Client 1 / Director 1 / Trustee 1**

\_\_\_\_\_  
**Client 2 / Director 2 / Trustee 2**

\_\_\_\_\_  
**Client 3 / Director 3 / Trustee 3**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Dated:            /            /

### Completion Instructions:

**Individual:** This form is to be signed by the Account Holder.

**Joint Holding:** Where the holding is in more than one name, all Account Holders must sign.

**Power of Attorney:** To sign as Power of Attorney, you must have already lodged it with Taylor Collison. Alternatively, attach a **certified** photocopy of the Power of Attorney along with a certified copy of your ID (e.g. Drivers Licence / Passport).

**Companies:** Please attach a copy of the ASIC Certificate of Name Change. Two signatories required. Director, Company Secretary, Sole Director can sign. If Sole Director please state "Sole".