



Authorisation: Financial Information

Account Number (if known):

□□□□□□

Account Name:

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

Taylor Collison Limited
Sharebrokers and Investment Advisers

ABN 53 008 172 450
ASFL 247083

Level 16, 211 Victoria Square
Adelaide, South Australia, 5000
GPO Box 2046, Adelaide, South Australia, 5001.
Telephone: (08) 8217 3900 Fax: (08) 8231 3506
Email: broker@taylorcollison.com.au

Level 10, 151 Macquarie Street
Sydney, New South Wales, 2000
GPO Box 4261, Sydney, New South Wales, 2001.
Telephone: (02) 9377 1500 Fax: (02) 9232 1677
Email: sydney1@taylorcollison.com.au

www.taylorcollison.com.au

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".