

Authority to
Supply Information

Date: __/__/__

To: _____

I hereby authorise you to provide information to:

Lakeside Consultants Pty Ltd

Level 9 Phone: (03) 9510 0788
606 St Kilda Road Fax: (03) 9510 0799
MELBOURNE VIC 3004 E-mail: ross@lakesideconsultants.com.au

In relation to all investments and policies held

Yours Faithfully

Signature: _____

Name: _____ DOB: _____

Address: _____
