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**CLIENT**

**FACT FIND**

**Financial Planning**

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| --- | --- | --- |
|  | **Client name(s)** |  |
|  | **Financial Adviser** | David MacManus |
|  | **Advice Practice** | DMFS Financial Advisers |
|  | **Phone Number** | 1300 364 650 |
|  | **Email Address** | [david@dmfsfinancial.com.au](mailto:david@dmfsfinancial.com.au) |
|  | **Licensee Name** | AUS Financial Advisers Pty Ltd |
|  | **AFSL** | 534501 |
|  | **ABN** | 89 159 536 151 |
|  | **Website** | www.dmfsfinancial.com.au |

Reasons for seeking advice

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| --- |
| *Initial reasons why seeking advice in client’s own words* |
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Goals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal | Owner | Time Frame | Amount | Priority | Current Status |
|  |  |  |  |  |  |
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| **Notes – Examples could be** | | | | | |
| **Assess and maximise age pension**  You would like to assess if you are eligible for the age pension and where possible maximise your entitlement | | | | | |
| **Minimise tax implications for beneficiaries**  You would like to review your estate planning affairs to ensure any tax implications for your beneficiaries are minimised | | | | | |
| **Professionally manage your investments**  You would like to have your investment portfolio professionally managed on your behalf | | | | | |
| **Retire by age XX**  You would like to retire by age XX | | | | | |
| **Retire with XX annual income**  You would like to meet your ideal retirement lifestyle by having an annual income of $XX | | | | | |
| **Spend $XX p.a. on holidays** | | | | | |
| **Purchase a new car** | | | | | |

Personal details

Your details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Title |  |  |
| Surname |  |  |
| Given name(s) |  |  |
| Preferred name |  |  |
| Date of birth |  |  |
| Gender | Male  Female | Male  Female |
| Marital status |  |  |
| Australian resident | Yes  No | Yes  No |
| If no, country of residency |  |  |
| Country of Citizenship |  |  |
| Other Citizenships/Visa details |  |  |

Contact details

|  |  |  |
| --- | --- | --- |
| Residential address | Client 1 | Client 2 |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Postal address (please tick if same as above) ☐ | | |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Phone and email |  |  |
| Home phone |  |  |
| Business phone |  |  |
| Mobile |  |  |
| Email |  |  |
| Preferred contact method |  |  |

Children and/or other dependants - current and expected

|  |  |
| --- | --- |
| Are you planning on growing your family? | Yes  No |
| Do you have caring responsibilities for parents or other dependants | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name | Date of birth | Gender | Relationship | Dependant | Dependant to |
|  |  | M  F |  | Yes  No |  |
|  |  | M  F |  | Yes  No |  |
|  |  | M  F |  | Yes  No |  |
|  |  | M  F |  | Yes  No |  |

Associated entities

|  |  |
| --- | --- |
|  |  |
| Do you have any of the following structures? | Self-Managed Superannuation Fund (SMSF)  Trust structure  Company structure  Partnership structure |
| *If* ***Yes****, to any of the above, further details can be collected via the* ***Other entities*** *or* ***SMSF*** *sections.* | |

Employment details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | | |
| Occupation/Title |  | |  | | |
| Job description/duties |  | |  | | |
| Qualifications |  | |  | | |
| Employer name |  | |  | | |
| Employment start date |  | |  | | |
| Do you work overseas? |  | |  | | |
| If yes, list relevant countries |  | |  | | |
| Employment status |  |  |  |  | |
| If part-time how many hours worked? |  | |  | | |
| Sick leave entitlements (Approx days) |  |  |  |  | |
| Annual leave/ Long Service Leave (Approx days) |  |  |  |  | |
| If self-employed, what structure? | Trust  Sole Trader | Company  Partnership | Trust  Sole Trader | Company  Partnership | |
| **Notes** | | | | |
|  | | | | |
|  | | | | |
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Income, expenses and taxation

|  |  |  |
| --- | --- | --- |
| Income type | Client 1 (or Joint) | Client 2 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total income** | **$** | **$** |
| Expenses |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total expenses** | **$** | **$** |
|  |  |  |
| **Gross annual surplus cash flow** | **$** |  |

Taxation

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Tax resident status |  |  |
| Tax File Number (TFN) |  |  |
| Tax Identification Number (TIN) and country (if applicable) |  |  |
| Have you bought or sold any assets in the last 12 months? | Yes  No | Yes  No |
| Do you have any outstanding tax payments e.g. capital gains? | Yes  No | Yes  No |
| Do you have any tax losses that could be carried forward? | Yes  No | Yes  No |

Income, expenses and taxation notes

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Current position analysis

|  |  |  |  |
| --- | --- | --- | --- |
| Lifestyle Assets | Description | Owner | Current  value ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Lifestyle Assets Total** | | | **$** |

|  |  |  |
| --- | --- | --- |
| Investment Properties | Owner | Current  value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
| **Investment Properties Total** | | **$** |

|  |  |  |
| --- | --- | --- |
| Cash / Term Deposits | Owner | Current  value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Cash / Term Deposits Total** | | **$** |

|  |  |  |
| --- | --- | --- |
| Other Assets | Owner | Current  Value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other Assets Total** | | **$** |
| Investment Assets (excluding superannuation) | Owner | Current  Value ($) | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Investment Assets (excluding superannuation) Total** | | **$** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Liabilities | Description including loan details  **(e.g. interest rate, loan type, PI or IO, repayments)** | Owner | Outstanding balance ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total liabilities** |  |  | **$** |
|  |  |  |  |
| **Net worth (excluding superannuation)** | |  | **$** |

Assets and liabilities notes

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Superannuation

Retirement planning details

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| Current Phase | Accumulation  TTR  Pension  Post Retirement | Accumulation  TTR  Pension  Post Retirement |
| Estimated Retirement Age |  |  |
| If you have made Personal Contributions (Post Tax) in the past 3 years, which year/s did you contribute? Provide details |  |  |
| Employer Contributions e.g. SG and salary sacrifice if not listed below |  |  |

Superannuation accumulation funds

*Please provide a copy of your most recent statement*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund name | Owner | Contributions | Tax free | Has insurance | Fund balance ($) |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
|  |  | Employer (SGC) $  Salary sacrifice $  Personal $ |  |  |  |
| **Total** |  |  |  |  | **$** |

Retirement income streams

*Please provide a copy of your most recent statement*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pension details | Owner | Type | Income payment & frequency | Pension balance ($) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| Annuity details | Owner | Income payment & frequency | Current balance ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  | **$** |

|  |  |  |
| --- | --- | --- |
| Adviser use only | Client 1 | Client 2 |
| Do you know the balance of your transfer balance account?  If **Yes**, provide details / transactions statements. | Yes  No | Yes  No |
| Have you continuously received Centrelink/DVA payments or have been a Commonwealth Seniors Health Card holder since 1 January 2015? | Yes  No | Yes  No |
| Are any of the pensions grandfathered for Centrelink purposes? | Yes  No | Yes  No |

Beneficiaries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Product | Name | Type | Proportion of fund (%) |
|  |  |  | Nominated beneficiary  Binding death nomination  Non-lapsing binding  Reversionary |  |
|  |  |  | Nominated beneficiary  Binding death nomination  Non-lapsing binding  Reversionary |  |

**Your net position**

|  |  |  |  |
| --- | --- | --- | --- |
| Type |  |  | Value ($) |
| Lifestyle Assets | | |  |
| Investments (including superannuation) | | |  |
| (Less) Liabilities | | |  |
| **Net Position** | | | **$** |

Superannuation and retirement notes

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Estate planning

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is there a Will in place? | Yes  No | Yes  No |
| If yes, location held? |  |  |
| Date executed? |  |  |
| Who is the Executor of the Will and what are their contact details? |  |  |
| Has a Guardian(s) been appointed for your children? | Yes  No | Yes  No |
| Is there a Power of Attorney (PoA) in place? | Yes  No | Yes  No |
| If yes, what type? | Enduring  Medical  General  Other  Advance Care Directive  Enduring Guardianship | Enduring  Medical  General  Other  Advance Care Directive  Enduring Guardianship |
| Who has been granted the PoA and what are their contact details? |  |  |
| Have you been married before? | Yes  No | Yes  No |
| Do you have children from previous marriages / relationships? | Yes  No | Yes  No |
| Are there any other special estate planning issues? (e.g. other beneficiaries, charities) |  |  |
| Funeral |  |  |
| Funeral arrangements | Pre-paid Funeral  Funeral Insurance  Funeral Bond | Pre-paid Funeral  Funeral Insurance  Funeral Bond |

Estate planning notes

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Insurance

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| --- | --- | --- | --- | --- | --- |
|  | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
| Policy number |  |  |  |  |  |
| Insurer |  |  |  |  |  |
| Plan name |  |  |  |  |  |
| Premium amount |  |  |  |  |  |
| Premium type |  |  |  |  |  |
| Start date |  |  |  |  |  |
| Policy owner |  |  |  |  |  |
| Insured name |  |  |  |  |  |
| **Benefit amounts** |  |  |  |  |  |
| Life insurance |  |  |  |  |  |
| TPD insurance |  |  |  |  |  |
| Trauma insurance |  |  |  |  |  |
| Severity based |  |  |  |  |  |
| Income protection |  |  |  |  |  |
| Waiting period (if applicable) |  |  |  |  |  |
| Benefit period (if applicable) |  |  |  |  |  |
| Business Expenses |  |  |  |  |  |
| Waiting period (if applicable) |  |  |  |  |  |
| Benefit period (if applicable) |  |  |  |  |  |
| Options/Benefits |  |  |  |  |  |
| Loading/Exclusions |  |  |  |  |  |
| In super |  |  |  |  |  |
| Notes | | | | | |
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General health details

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| What is your current health status? | Poor  Fair  Very good  Good  Excellent | Poor  Fair  Very good  Good  Excellent |
| Private Health Care |  |  |
| What is your height? |  |  |
| What is your weight? |  |  |
| Have you smoked cigarettes in the last twelve months? | Yes  No | Yes  No |
| Do you drink alcohol? | Yes  No | Yes  No |
| If yes, how many standard drinks per week |  |  |
| Are you presently or do you intend to receive medical treatment for any medical issue? | Yes  No | Yes  No |
| If yes, please provide details |  |  |
| Have you been diagnosed with any significant illness/illnesses in the last five years? | Yes  No | Yes  No |
| If yes, please provide details |  |  |
| Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.? | Yes  No | Yes  No |
| Additional details: | | |
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Health and insurance notes

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Insurance needs

Client 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: | Yes | Yes | Yes |
| *If so, what are the amounts that you would require?* | | | |
| Liabilities to clear | $ | $ | $ |
| Future expenditure required | $ | $ | $ |
| Future education expenses (present value) | $ | $ | $ |
| Medical costs/recovery income | $ | $ | $ |
| Provision for tax | $ | $ | $ |
| Other | $ | $ | $ |
| **Total Capital Required** | **$** | **$** | **$** |
| **Capital Provisions** | **$** | **$** | **$** |
| Disposable assets | $ | $ | $ |
| Continuing income (present value) | $ | $ | $ |
| **Total Capital Available** | **$** | **$** | **$** |
| **Insurance Needs** |  |  |  |
| **Total Cover Required** | **$** | **$** | **$** |
| Existing cover | $ | $ | $ |
| **Surplus/Shortfall** | **$** | **$** | **$** |

Income protection needs

|  |  |  |
| --- | --- | --- |
|  | Client 1 | |
| In the event of temporary or permanent loss of income, would you like to replace your income? | Yes | No |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)? | $ | % |
| Additional details: | | |
|  | | |
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|  | | |

Client 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: | Yes | Yes | Yes |
| *If so, what are the amounts that you would require?* | | | |
| Liabilities to clear | $ | $ | $ |
| Future expenditure required | $ | $ | $ |
| Future education expenses (present value) | $ | $ | $ |
| Medical costs/recovery income | $ | $ | $ |
| Provision for tax | $ | $ | $ |
| Other | $ | $ | $ |
| **Total Capital Required** | **$** | **$** | **$** |
| **Capital Provisions** | **$** | **$** | **$** |
| Disposable assets | $ | $ | $ |
| Continuing income (present value) | $ | $ | $ |
| **Total Capital Available** | **$** | **$** | **$** |
| **Insurance Needs** |  |  |  |
| **Total Cover Required** | **$** | **$** | **$** |
| Existing cover | $ | $ | $ |
| **Surplus/Shortfall** | **$** | **$** | **$** |

Income protection needs

|  |  |  |
| --- | --- | --- |
|  | Client 2 | |
| In the event of temporary or permanent loss of income, would you like to replace your income? | Yes | No |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)? | $ | % |
| Additional details: | | |
|  | | |
|  | | |
|  | | |

Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What benefits do you currently receive from Centrelink/DVA/ Family Assistance? |  |  |
| Centrelink Relationship Number |  |  |
| Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future? | Yes  No | Yes  No |
| Have you ‘gifted’ any assets in the last five years? | Yes  No | Yes  No |
| Do you hold a current Seniors Card or Health Card? | Yes  No | Yes  No |
| Do you hold a Low Income Health Care Card? | Yes  No | Yes  No |
| Are you eligible for the Pension Bonus Scheme, i.e. Do you pass the work test? | Yes  No | Yes  No |
| If so, have you applied for the Pension Bonus Scheme? | Yes  No | Yes  No |
| Please provide a copy of your latest Centrelink Schedule | | |
| If **Yes** to any of the above questions add additional details: | | |
|  | | |
|  | | |
|  | | |
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Investment considerations

|  |  |  |
| --- | --- | --- |
| Client 1 | Client 2 |  |
| Do you have a preference to access specific investments? | | |
|  |  | No particular preference |
|  |  | Shares and ETFs |
|  |  | Managed funds and managed accounts |
|  |  | Alternative investments |
|  |  | Term deposits |
|  |  | Ethical-socially responsible investments |
|  |  | Other: |
| Are the following important to you? | | |
|  |  | Lowest cost is primary goal |
|  |  | Holding accounts with one provider |
|  |  | Broad investment menu or choice |
|  |  | Investment transparency – ability to view the underlying investments |
|  |  | Ability to pay for advice via the fund/platform |
|  |  | Access to specific features |
| Which of the following have you previously invested in? | | |
|  |  | Term deposits/savings accounts |
|  |  | Managed funds and/or managed accounts |
|  |  | Shares or ETFs |
|  |  | Investment property |
|  |  | An investment you have borrowed for other than property |
| If your goals are unlikely to be met, please indicate which options you would consider: | | |
|  |  | Save more (spend less) |
|  |  | Downsize lifestyle assets |
|  |  | Increase your income resources – e.g. work longer |
|  |  | Increase your investment risk |
|  |  | Borrow to invest |
|  |  | Revise your goals |
| Additional details: | | |
|  | | |
|  | | |
|  | | |
|  | | |

Advice planning scope – confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Areas of advice | Included | Excluded | Additional Information |
|  | Aged Care |  |  |  |
|  | Business Insurance |  |  |  |
|  | Cashflow Management |  |  |  |
|  | Debt Management |  |  |  |
|  | Estate Planning |  |  |  |
|  | Insurance |  |  |  |
|  | Investment |  |  |  |
|  | Retirement Planning and Income |  |  |  |
|  | Strategic Advice |  |  |  |
|  | Superannuation |  |  |  |
|  | Other |  |  |  |

Incomplete information:

|  |
| --- |
| Are there any areas where full and accurate information has not been provided? |
|  |
|  |
|  |

Terms of engagement

No fee applies to the preparation of written advice based on the agreed scope

We will prepare a separate Terms of Engagement

The preparation of an advice document is covered by your existing fee arrangement

A fee applies to the preparation of written advice based on the agreed scope as detailed above.

|  |  |
| --- | --- |
| Description | Fee (inclusive of GST) |
|  | $ |
| **Total** | **$** |

Adviser declaration

Documentation checklist

|  |  |
| --- | --- |
| The FSG and Adviser Profile was provided to the client(s) on: |  |
| The version number of the FSG provided was: |  |
| The version number of the Adviser Profile provided was: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Adviser signature | | | | | |
| Signature |  | | |  | |
| Full name |  | | Date | |  |
| Authorised Representative Number | |  | | | |

Client declaration

I hereby declare and acknowledge the fowllowing:

**Financial Services Guide**

|  |  |
| --- | --- |
| **•** | I have received a copy of the Financial Services Guide and Adviser Profile and have read and understood both documents. |

**The information you provide**

|  |  |
| --- | --- |
| **•** | I declare that the information provided in this Fact Find is complete and accurate to the best of my knowledge, except where I have indicated that we have chosen not to provide the information. |
| **•** | I understand and acknowledge that by not fully or accurately completing the Fact Find any financial services provided may not be appropriate to my needs. |

**Your privacy and confidentiality**

|  |  |  |
| --- | --- | --- |
| **•** | I give permission for the information provided in this Fact Find and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to me, including: | |
|  | o | AUS Financial Advisers Pty Ltd (“The Licensee”), |
|  | o | Financial product providers that my financial adviser recommends to me, |
|  | o | Service providers engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software. |
|  | o | Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services. |
|  | o | Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services. |
| **•** |  | |

|  |  |
| --- | --- |
|  | I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from my adviser and their related parties. |
|  | I give permission for the information provided in this Fact Find and related documents to also be disclosed to the following people/parties (e.g. name of my spouse/solicitor/accountant) |
|  |  |

**Tax file numbers**

|  |  |  |
| --- | --- | --- |
| **•** | I give permission for my tax file number (TFN) to be collected and retained by my adviser and the Licensee in order to provide me with financial services and/or for social security reasons. | |
| **•** | I understand that: | |
|  | o | my TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and |
|  | o | while it is not an offence to refuse to disclose my TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client 1 signature | | | | |
| Signature |  | |  | |
| Full name |  | Date | |  |
| Client 2 signature | | | | |
| Signature |  | |  | |
| Full name |  | Date | |  |

Authorisation to collect information or transfer servicing rights of financial products

|  |  |
| --- | --- |
| Client: |  |

|  |  |
| --- | --- |
| Provider Name: |  |
| Provider Address: |  |

|  |  |
| --- | --- |
| Product: |  |
| Account/Policy No: |  |

To whom it may concern,

|  |  |
| --- | --- |
|  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments. |
|  | I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new adviser. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: |  | Fax: |  |
| Email: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Licensee: |  | | |
| AFSL Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |
| Address: |  | | |