AUTHORITY

Name				ate of Birth		/	/
Name			D	ate of Birth		/	/
Address			1		l		
I/We request that all relevant information and/or documents in relation to the subjects specified below, be released to and remain on file until revoked to:							
Damian Zanetti and the Staff of Barnett Financial Planning (Nicole Hainsworth, Dianne Wilson, Kia McFadzean). (Damian Zanetti and Barnett Financial Planning are Authorised Representatives of Metriscope Financial Pty Ltd AFSL: 485 160 ABN: 27 609 374 254)							
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	accept a fax tt Financial Pl		this auth	ority as the	original v	will sta	ay on
Yours since	rely,						
Signature			Signature				
Date / /		1	Date / /				