## AUTHORITY

Name		Date of Birth	/	/
Name		Date of Birth	/	/
Address				
I/We request that all r subjects specified belov				
	Alexander Barnett an arnett Financial Pla			
	Barnett, Damian Za lainsworth, Dianne \	netti, Nicole		
(Alexander Barnett and Bar	Capobianco, Just	<b>ine Kitto).</b> Authorised Repre		Metriscope
Phone:	(02) 9659-3955			
Fax: Email:	(02) 9659-4912 admin@bfpwealth.com.au			
Street Address:	ress: 15/15 Terminus Street CASTLE HILL NSW 2154			
Postal Address:	ress: PO BOX 2036 CASTLE HILL NSW 1765			
Investments		W 1700		
<ul> <li>Insurance</li> <li>Superannuation</li> </ul>				
<ul><li>Centrelink Records</li><li>Other</li></ul>				
	w/nhotocony of this s	with a rity on the	original will	atov op
Please also accept a f file at Barnett Financial		iutionity as the o		Slay Off
Yours sincerely,				
Signature	Sign	ature		

Date \_\_\_\_/ \_\_\_ Date \_\_\_/ \_\_\_/