

Authorisation to collect information

Please accept this copy as authority, as the original will stay on file at the below address.

To	Customer Service Manager		
Provider name			
Address			
Client name		Date of birth	
Address		Product details	

To whom it may concern,

Access to information

I/We authorise you to provide representatives of **Browell's Financial Solutions** with any information and documentation they require regarding my/our insurance, superannuation and investments.

I am/We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to **Browell's Financial Solutions** and it's representatives.

X [name – client 1]		/ /	
X [name – client 2]		/ /	
Adviser Name	Authorised Representative AXA Financial Planning AFSL 234663	Adviser code	
Business	Browell's Financial Solutions	Contact details	phone 03 5441 7778 fax 03 5441 2588 email damian@browells.com.au email geoff@browells.com.au
Address	249 Napier St Bendigo VIC 3550		