



AUSTRALIAN FINANCIAL SERVICES LIMITED

127 Cambridge Street, West Leederville WA 6007

P.O. Box 1118, West Leederville WA 6901

Telephone (08)93815188

Facsimile (08) 93815133

Email jweall@afswl.com.au

APPOINTMENT OF REPRESENTATIVE AND AUTHORISATION TO RELEASE INFORMATION

Dear Sir/ Madam,

We/I write to inform you that we have appointed John Weall (AFSL 263541) who is an Authorised Representative of Australian Financial Services Ltd (AFSL 297239) to act as our/my Financial Planner. We would like this to be noted on our/my record and any future brokerage to be paid to Australian Financial Services Ltd.

We authorise you to provide John Weall or his staff with any information or details they may require about us.

Please note that this request applies to the following persons and accounts/policies.

Name	Date of Birth	Address

Institution / Insurer	Account / Policy Holder	Account / Policy Number

I/We thank you in anticipation of the change to our records.

Yours Faithfully,

Date _____