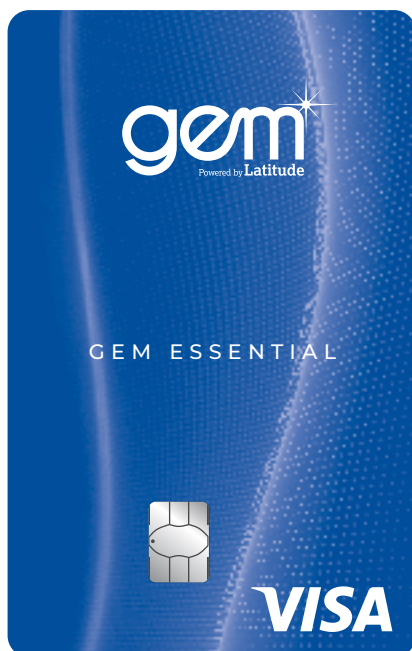


Authority to Disclose Form

If you have any queries contact our Customer Services Team on

0800 500 505



ACCOUNT HOLDER DETAILS

Gem Essential Account Number

6	0	1	0	7	3														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

Mr Mrs Ms Miss Dr

First Name

Last Name

Residential Address

Unit Number / Street Number / Street Name

Suburb

Town / City

Postcode

Contact Phone Number

ACKNOWLEDGEMENT

PLEASE READ ACKNOWLEDGEMENT BELOW BEFORE SIGNING THIS FORM

By signing this, I authorise the person nominated below to request access to information concerning my account.

In addition, I authorise *Latitude Financial Services Limited* to act on such a request and disclose information relating to my account to the nominated person.

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by notifying Latitude Financial Services Limited by telephone or in writing.

Account Holder Signature

Date

AUTHORISED PERSON (must be at least 18 years of age)

Title

Mr Mrs Ms Miss Dr

First Name

Last Name

Residential Address

Unit Number / Street Number / Street Name

Suburb

Town / City

Postcode

Daytime Phone Number

Date of Birth

The account holder must sign for this form to be effective. The authorised person will be required to provide information (including the above) to confirm that they are the person authorised to receive the information relating to your account.

Signature (Authorised Person)

Date