

Letter of Authority Form

Please fax this application to
0800 655 633

If you have any queries contact
Gem CreditLine 0800 500 505



Please complete this form in **BLOCK** letters and return to: By mail to Gem CreditLine, PO Box 4058, Shortland Street, Auckland 1140. By fax to 0800 655 633.

Primary Cardholder Details

CreditLine card/account number

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Title Given name(s)

Surname

Unit no. Street no.

Street name

Suburb

City Postcode

Daytime telephone number ()

Please read information below before signing this form

Acknowledgement

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 related 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 via telephone or in writing.

Signature (Primary Cardholder)

Date DD / MM / YY

Authorised Person (must be at least 18 years of age)

Title Given name(s)

Surname

Unit no. Street no.

Street name

Suburb

City Postcode

Daytime telephone number ()

Date of birth DD / MM / YY

Signature (Authorised Person)

Date DD / MM / YY

Primary cardholder 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.