

Authority to Disclose

Please fax this application to **0800 655 633**

If you have any queries contact our Customer Services Team on 0800 500 505



Account Holder Details	
Gem Visa Account Number 6 0 1 0 7 3	
Title First Name	Last Name
Unit No. Street No.	Street Name
Suburb	City Postcode
Daytime Telephone Number ()	
Please read acknowledgement below before signing this form	
Acknowledgement	
By signing this, I authorise the person nominated below to request access to In addition, I authorise Latitude Financial Services Limited to act on such a re	information concerning my account. quest 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 telephone or in writing.	this authority at any time by notifying Latitude Financial Services Limited by
Signature (Account Holder)	
	Date DD/MM/YYYY
Authorised Person (must be at least 18 years of age)	
Title First Name	Last Name
Unit No. Street No.	Street Name
Suburb	City Postcode
Daytime Telephone Number ()	Date of Birth DD/MM/YYYY
Signature (Authorised Person)	
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	Date DD/MM/YYYY

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.