

# Letter of Authority Form



Use this form to nominate a representative to deal with Smile Right Pty Ltd ACN 139 675 424 on your behalf. Any nomination you make will continue indefinitely until you let us know in writing that it no longer applies. Nominating a new representative will cancel any previous nomination.

- Print clearly in BLOCK LETTERS using a black or dark blue pen.
- Complete all sections
- Send the completed, signed and dated copy to

*Compliance Manager  
PO Box 7795  
Cloisters Square WA 6850*

## Section A: Your details

Title: *(Please circle one)* Mr / Mrs / Miss / Ms / Other title:

Date of birth:   |   |   *(day month year)*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

ACS Reference Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Reference Number: \_\_\_\_\_

## Section B: Your Representative details

Title: *(Please circle one)* Mr / Mrs / Miss / Ms / Other title:

Date of birth:   |   |   *(day month year)*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section C: Declaration

I declare that all the information I have given on this form is true and correct and I authorise Smile Right Pty Ltd to deal with and disclose information to my representative on my behalf.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_