

LETTER OF AUTHORITY CANCELLATION



**APRA
AMCOS**

Membership enquiries 1800 642 634 writer@apra.com.au www.apraamcos.com.au

Member name

IPI number

NAME

is currently authorised to act on my behalf in relation to APRA AMCOS. This authority shall cease effective from

DATE

From this date onwards, I request that all details of my APRA AMCOS membership be withheld from the above-named.

Member signature _____