



### Access to Information Authority

Attn: The Manager Fund: .....

Dear Sir/Madam,

Client Details

Name: .....

Account Number: .....

DOB: .....

Address: .....

.....

I authorise you to make the necessary adjustments for the following Authorised Representatives and staff of Garvan Adviser Services Limited (AFS Licence No. 230692) of PO Box 2106, Port Macquarie NSW 2444, to have access to information (verbal or written) on my account as requested.

*Joshua Hamblin (Authorised Representative Number 377444)*

[jhamblin@pdd.com.au](mailto:jhamblin@pdd.com.au)

*Christopher Cheng*

[ccheng@pdd.com.au](mailto:ccheng@pdd.com.au)

*Kate Godman*

[kgodman@pdd.com.au](mailto:kgodman@pdd.com.au)

*Joanne Johnston*

[jjohnston@pdd.com.au](mailto:jjohnston@pdd.com.au)

I understand that this authority will be effective immediately and will remain in place until you receive written notification from myself.

If you have any questions in relation to the information provided, do not hesitate to contact me.

Yours faithfully,

Signed: ..... Date: .....

Signed: ..... Date: .....

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Palm Court Centre  
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PO Box 22  
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Ph: 02 6559 9505  
Fax: 02 6559 8662

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PDD Wealth Management Pty Ltd  
ABN 18 601 364 032

Authorised Representatives  
GWM Adviser Services Limited  
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