

To whom it may concern,

**Authority to Provide Information**



Re: Policy Number \_\_\_\_\_

We/I, \_\_\_\_\_

of \_\_\_\_\_

D.O.B. \_\_\_\_\_

request that all relevant information on our/my investments, insurance's, superannuation to be released to Abou-Eid Enterprises No. 2 on request.

**Wissam Abou-Eid**

Abou-Eid Enterprises No.2 Pty Ltd  
83 Sydney Rd  
Coburg, VIC. 3058

Authorised Representatives of:

**Total Financial Solutions ABN 94 003 771 579**

Australian Financial Services Licensee (AFSL number 224954)  
Life Insurance Broker  
Level 11, 309 George Street, Sydney NSW 2000

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Abou-Eid Enterprises No.2 Pty Ltd

Yours faithfully

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

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