

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

Unit 4/41 Lygon Street

Brunswick East VIC 3057

Authorised Representatives of:

**Count Limited (Count) ABN 19 001 974 625**

Australian Financial Services Licensee (AFSL number 227232)

Life Insurance Broker

Level 8, 1 Chifley Square, Sydney 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: \_\_\_\_\_