

LETTER OF AUTHORITY CANCELLATION



**APRA
AMCOS**

Membership enquires 0800 69 2772 nz@apra.co.nz www.apraamcos.co.nz

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 _____