



Letter of Authority - Cancellation

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 and/or AMCOS membership be withheld from the above-named.

Member signature _____

Once completed please post to your local APRA office.

Branch Offices

www.apra-amcos.com.au

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