

# LETTER OF AUTHORITY CANCELLATION



APRA  
AMCOS

Membership enquires 0800 69 2772 [nz@apra.co.nz](mailto:nz@apra.co.nz) [www.apraamcos.co.nz](http://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 \_\_\_\_\_