

Parcanal Dataile



REPRESENTATIVE AUTHORISATION TO OBTAIN INFORMATION IN RESPECT OF LSL RECORDS

	i Details	•					
First Name/s	s						
Surname							
Date of Birth		1	1	LSL Numbe	er		
Contact Nur	mber						
Email Addre	ess						
Postal Addre	ess						
				State	P/	code_	
2. Authoris	ed Pers	on's Detail	s				
I authorise							f person yoเ e authority)
Date of Birth		/	/	(D.O.B of authorised person for identification purposes)			
Contact Nur	mber						
I hereby give a information re					n to obt	ain	
Employee's Signature					Date	/	1

Please email this form and a copy of your driver licence (or alternative proof of signature) to query@coallsl.com.au

Authorisations are only valid for 12 months from the signed date

Privacy Statement

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FORM TRANS 7.1

