

## Authority to Access Investor Information

Please complete the following details regarding your investment. Once completed please forward to our registry.

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		A: Name of Funds		
	CL	ARENCE PROPERTY DIVERSIFIED FUND	EPIQ LENNOX PROPERTY TRUST	
		B: Investor's Name		

Unit Holder ID Number (you are required to insert this number)

Name of Registered Investor

Second Joint Registered Investor (if applicable)

Third Joint Registered Investor (if applicable)

## C: Name of Authorised Party

Title Given Name/s (no initials)

Title Given Name/s (no initials)

Title Given Name/s (no initials)

Name of (Accounting/Financial Planning Practice Name)

Street Number / Street Name

Suburb / Town State Post Postcode



Telephone Number

Facsimile Number

**Email Address** 

I/We hereby authorise the above named party to access details of my/our investment in the above Fund/Scheme.

I/We authorise you to accept a photocopy/fax of this letter as sufficient authority.

## D: Declaration

I/We am/are registered investors in the above named Fund/Scheme, having full & complete authority to execute this authority to access investor information form. This authority is to remain in place until further written notice.

Investor 1	Investor 2	Investor 3
Date	Date	Date
/ /	/ /	/ /

## **Lodgment of Form**

Please send completed Authority to Access *Investor Information Form to:* **Registry Officer Boardroom Pty Limited GPO Box 3993** SYDNEY NSW 2001

or scan and email your Authority to Access Investor Information Form to: clarence@boardroomlimited.com.au