

# NOTIFICATION OF MANAGEMENT



**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)

Date

Member Name

IPI Number

Please be advised that the following should be listed as my Manager

Manager Name

Company Name

Company Address

Email Address

Phone Number

Mobile Number

Fax Number

I acknowledge that should my Manager wish to discuss my personal and/or financial details with APRA AMCOS that I also need to complete a Letter Of Authority, giving them permission to do so.

I understand this is the only information regarding my membership that may be given out to members of the public by APRA AMCOS.

Member Signature

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