

Certificate of Authorization

(All fields to be completed)

I/we authorize you, and those authorized by you, to make such enquiries, and obtain such confirmations and references as you may deem appropriate from any person and company with reference to my financial services application, and that this information may be communicated by fax and other electronic devices, including the internet.

I/we understand information gathered for the purposes described above will be kept as secure as is reasonable. Whilst appropriate care will be taken to maintain confidentiality Canadawide Financial will not be held responsible for any such losses.

Company / Business Name (if appropriate)

Address:

Responsible Officer(s) (Partnership or Limited Company)

Name:	<input type="text"/>	Name:	<input type="text"/>
Title:	<input type="text"/>	Title:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Individual (Sole Trader)

Name:	<input type="text"/>
Title:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Business Solutions Group is a Division of Canadawide Financial Corporation Limited

Canadawide Financial Corporation Limited

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