



## Authority to Access Information

Please ensure you complete all details below and post to: **PO Box 31, Ballina NSW 2478** or fax to **02 6686 6288**.

**Name of Investor(s)/  
Borrower(s)**

**Investor No.**

**Loan No.**

I/We hereby authorise the following parties to access information about my/our investment/loan facility with Richmond Mortgage Fund.

**Name**

**Business Name**

**Authorised Signature(s)**

Signature .....	Print name .....
Signature .....	Print name .....
Date .....	

If you would like a copy of our Privacy Policy or want to access or amend your personal information, please contact our Privacy Officer on **02 6686 6055** or see our website **[www.rmfund.com.au](http://www.rmfund.com.au)**