<Date>

The Application Assessment Team

Profession of Independent Financial Advisers

PO Box 2088

WODEN ACT 2606

Dear Sir/Madam,

RE: <APPLICANT FULL NAME>, ASIC # <NUMBER>

We confirm that <APPLICANT FULL NAME> is an Authorised Representative of <AFSL NAME & NUMBER> and has been authorised since <DATE>.

We further confirm that <APPLICANT> has demonstrated good character and we are not aware of any outstanding or unresolved complaints or breaches or pending disciplinary action <edit as necessary – current active complaints do not necessarily exclude an applicant from becoming a PIFA member>.

If you require any additional information please contact the undersigned on <NUMBER>.

Sincerely,

AFSL CONTACT NAME

AFSL CONTACT ROLE