



Principal: Michael Davis

08 7220 3793

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Suite 1/6 Metro Parade, Mawson Lakes SA 5095

ASIC Agent Authority

I, _____
Full legal name

of _____
Residential address

Capacity: Director / Trustee

Company Name: _____

Business /Trading Name: _____

ACN _____

ABN _____

Residential Address: _____

Business Address: _____

Postal Address: _____

I provide the above authorisation until revoked in writing, agree that I have engaged, approve the annual fee of \$275.00 including GST for the provision of reviewing and if necessary updating the entities information each year, in line with the ASIC Annual Review, for the above mentioned entity and give authority to Michael Davis (Accounting Buddy) to act on my behalf as ASIC Agent, I am authorised to make this declaration.

Signed _____ Dated ____/____/____

*Please note that all new clients must provide a valid and current form of photo ID

ASIC Agent Consent

I declare I am authorised to act as a registered ASIC Agent and am able and permitted to provide the above services.

ASIC Agent:  _____
Michael Davis CA