



Level 1, 182 La Trobe Tce Geelong West Vic 3220

Appointment of Advocate or Authorized Representative

My Appointment and Authority:

I authorize you to deal with the above person as my Advocate or Authorized Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorized Representative does on my behalf within the authority as described in the Appointment. I release you from any claim I might otherwise have against you, based on anything you do in reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when you contact any of the contact numbers/addresses above. The appointment continues until I revoke it in writing.

My Signature: _____

Signature of Witness: _____

Name of Witness: _____

Qualification and address of the Witness: _____

(Lawyer/Doctor/Pharmacist/Police)

Confirmation by the Witness: I confirm that the person signing above has produced evidence of their identity.



Dear Client/Customer.

If you wish to appoint an Advocate or Authorized Representative to deal with us on your behalf, please refer to the below instructions:

- Carefully read the important notes below.
- Carefully complete the form on the following pages.
- Take it, with some proof of your identity, to a witness as indicated.
- Post it to us at the above address.

Important notes:

1. **What is an Advocate?**

An Advocate you appoint can deal with us on your behalf but cannot change your account or services and cannot act on your behalf or access your information unless you are present and agree.

2. **What is an Authorized Representative?**

An authorized representative you appoint can deal with us on your behalf as your agent and if you give them limited rights has only those rights including any limitations you specify on access to your information, plus if you do not give them limited rights, has the power to act and access information as if they are you.

3. If we are not clear whether you intend to appoint an Advocate or an Authorized Representative, we will assume you only intend to appoint an Advocate.

4. We may also accept a person who holds an appropriate POA or Guardianship Order as Advocate or Representative for a customer. Please forward a certified copy of the POA or Guardianship Order together with this form. We may need to have the documents checked before we can accept the appointment.

5. To protect your privacy and security and to minimize the risk to fraud, our requirement is that this Appointment be submitted by post as a signed original, witnessed by an appropriate person as previously stated.

Date: _____

To: _____

My account/service type: (please tick) Landline: Mobile: Internet:

My Account ID or Number: _____

Account Holders Name: _____

I wish to Appoint either of the following: (please tick) Advocate: Authorized Representative:

The person I appoint is: _____

Their email Address is: _____

Their phone/mobile number is: _____

Their physical address is: _____

Limitation/s on authority of Authorized Representative (if applicable): _____