

## Appointment of Advocate Or Authorized Representative Form

Dear Customer,

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

- Carefully read the important notes below;
- Carefully complete the form on the next page;
- take it, with some proof of your identity, to a witness as indicated next;
- sign it in the presence of a lawyer or doctor or pharmacist or Centre link office Or member of police as witness; and
- post it to us at the address above.

## **Important notes:**

1. What is an Advocate?

An 'advocate' you appoint can deal with us on your behalf (including making a complaint) but:

- (a) Cannot change your account or services; and
- (b) Cannot act on your behalf or access your information unless you are present and agree.
- What is an Authorised Representative?
  An 'authorised' Representative' you appoint can deal with us on your behalf as your agent (including making a complaint) and:
  - (a) if you give them limited rights: has only those rights including any limitations you specify on access to your information; and
  - (b) If you do not give them limited rights: has 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 Authorised Representative, we will assume you only intend to appoint an Advocate

- 4. We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative for a customer. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer). We may need to have the documents checked before we can accept the appointment.
- 5. To protect your privacy and security and to minimise the risk of fraud, our requirement is that this Appointment be submitted by post as a signed original, witnessed by a lawyer or doctor or pharmacist or Centrelink officer or member of police.

| Date:                          |                      |                          |                     |
|--------------------------------|----------------------|--------------------------|---------------------|
| То:                            |                      |                          |                     |
| My account type/s (tick):      | Landline             | Mobile                   | Internet            |
| My account ID:                 |                      |                          |                     |
|                                | (Telephone nun       | nber / internet username | e / account number) |
| Account holder name:           |                      |                          |                     |
| (Note: This must be            | the actual account h | nolder.)                 |                     |
| I wish to appoint either (tick | one): an Advocate    | OR an Authorised Repres  | sentative           |
| The person I appoint is:       |                      |                          |                     |
| Their email address is:        |                      |                          |                     |
| Their landline number is:      |                      |                          |                     |
| Their mobile number is:        |                      |                          |                     |
| Their physical address is:     |                      |                          |                     |
| Limitation/s on authority of   | Authorised Represe   | ntative:                 |                     |
|                                |                      |                          |                     |

(Complete if applicable)

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## Appointment of Advocate Or Authorized Representative

My appointment and authority:

I authorise you to deal with the above person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this 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 witness:

(Lawyer / doctor / pharmacist / Centrelink officer / police)

<u>Confirmation by witness</u>: I confirm that the person signing above has produced evidence of their identity.

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