

# Appointment of Advocate or Authorised Representative

Date: \_\_\_\_\_ To: \_\_\_\_\_

My account type/s (tick): Internet

My account ID: \_\_\_\_\_

Telephone number / internet username / account number

Account holder name: \_\_\_\_\_

Note: This must be the actual account holder.

I wish to appoint either (tick one): an Advocate OR an Authorised Representative

The person I appoint is: \_\_\_\_\_

Their email address is: \_\_\_\_\_

Their physical address is: \_\_\_\_\_

Limitation/s on authority of Authorised Representative: \_\_\_\_\_

(Complete if applicable)

PO BOX 20 Chadstone VIC 3148 Appointment of Advocate Or Authorised 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

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