

ABN: 61 137 610 934

PO Box 7713 St Kilda Road, MELBOURNE, VIC 8004

Appointment of Advocate or Authorised Representative

Dear Customer,

If you wish to appoint an Advocate or Authorised 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 Centrelink officer 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.

2. What is an Authorised Representative?

An 'Authorised Representative' you appoint can deal with us on your be half 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.

web: http://www.switchedonvictoria.com.au phone: 1300 455 620 fax: 1300 038 595



Appointment of Advocate

fax: 1300 038 595

ABN: 61 137 610 934 PO Box 7713 St Kilda Road, MELBOURNE, VIC 8004				or Autho	rised Represe	entativ
Date:	-					
To:	_					
My account type/s (tick): La	andline	Mobile	Inte	ernet		
My account ID:						
	lelephone r	number / inter	net usernar	ne / accou	int number	
Account holder name:		ust be the ac	tual accour	nt holder.		
I wish to appoint either (tick o	ne): an Advocat	te OR a	n Authorise	d Represen	tative	
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 Representative: (Complete if applicable)						
My appointment and authority:						
I authorise you to deal with the acknowledge responsibility for a their authority as described in this you, based on anything you do relevant person if they identify the above. The appointment continuations of the state of the	inything my Advoc is Appointment. I re in reliance on this a nemselves as such	cate or Authoris elease you fron Appointment. Y when you cont	ed Represen n any claim I 'ou may assu	tative does might other ime that you	on my behalf wise have ago are dealing v	within ainst with the
My signature:						
Signature of witness:						
Name of witness:						
Qualification and address of witness:						
	Lawyer	/ doctor / pharmo	acist / Centrelink	officer / police)	
Confirmation by witness: La	confirm that the	nercan ciani	na ahove	has produ	ced eviden	ce of

onfirm that the person signing above has produced evidence of their identity.