

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 notes below;
- take your time and carefully complete the form on the next page;
- take it, with some proof of your identity (ie. Drivers License), 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
- mail it to us at the address above.

Important Notes:

1. An 'Advocate' whom 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. An 'Authorised Representative' whom 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) otherwise, 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 shall 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 normal 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. If this is too difficult or inconvenient for you, please call our Customer Service team on **1300 857 841** and we will talk with you about an alternative way to accept the Appointment while protecting your interests.

Klaustel Communications

Customer Care

P.O. BOX 554

MOUNT WAVERLEY VIC 3149

Klaustel Communications

Date:

To:

Customer ID:

Customer Name:

Appointing: Advocate Authorised Representative

Appointee Name:

Appointee Email:

Appointee Mobile:

Appointee Address:

Appointee Drivers License No.:

Limitations on 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 reasonable 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.

Signature:

Signature of Witness:

Name of Witness:

Qualification: Lawyer / Doctor / Pharmacist / Centrelink Officer / Police

Address of Witness:

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



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A large, abstract graphic in the lower half of the page. It consists of several thick, overlapping, curved bands in shades of green and yellow, creating a sense of movement and depth. The bands are arranged in a roughly circular pattern, with some overlapping others.

Over 40 Years Experience both Business & Residential
