

APPOINTMENT of an AUTHORISED REPRESENTATIVE

IMPORTANT INFORMATION

If you wish to appoint an Authorised Representative to deal with **Real ICT Pty Ltd** on your behalf, please complete the form below.

Please Note: When you appoint an Authorised Representative you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised Representative has the power to act and access information as if they were you. This includes making complaints, changing account details or terminating a contract. You can of course specify limitations of your Authorised Representative's rights.

Please note that only account holders can appoint an Authorised Representative. If you wish to appoint more than one Authorised Representative, please complete one Authorised Representative Form for each person you wish to appoint. You can appoint up to three Authorised Representatives.

For security reasons we require you to submit the completed Authorised Representative Form to us as a signed original and witnessed by one of the following persons below:

- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- · A Solicitor or Barrister;
- A Police Officer;
- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees;
- A Dentist;
- A Pharmacist;
- A Medical Practitioner;
- A Chiropractor or a Physiotherapist.

Please contact our Customer Care Team on **1300 00 50 60** if this proves too difficult or inconvenient for you, and we will work with you to find an alternative way of appointing an Authorised Representative.

AUTHORITY FORM

ACCOUNT DETAILS

Account Number	
Account Name	
Account Holder's First Name	
Account Holder's Surname	
Account Holder's Phone Number	

You must be the Account Holder to appoint an Authorised Representative

I wish to appoint the following person as my Authorised Representative

YOUR AUTHORISED REPRESENTATIVE'S DETAILS

AR First Name	
AR Surname	
AR Phone Number	
AR Email Address	
AR Date of Birth	
AR Residential Address	

Limitations of the Authorised Representative's rights. Please specify anything that your Authorised Representative should NOT be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they were you.

APPOINTMENT DECLARATION

I, _____ authorise Real ICT and its associated entities to deal with the above person as my Authorised Representative. I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. Real ICT and its associated entities may assume that it is dealing with the Authorised Representative if they identify themselves as such when contacted at any of the contact details above. This appointment continues until I revoke it in writing.

Signature:	Date:

WITNESS DECLARATION and SIGNATURE

I confirm that the person signing above (the Account Holder) has produced evidence of their identity.

Signature:	Place and Date:		
Witness Full Name:			
Witness Capacity (Police Officer, Accountant, etc) and Address:			