

Appointment of Authorised Representative or Advocate Form

In line with the Telecommunications Consumer Protections Code 2022, you can appoint an Authorised Representative or Advocate to liaise or make a complaint on your behalf. This form will allow you to do that.

Please:

- Carefully read the Important Notes below;
- Complete this form in full;
- Take it with proof of your identity to a witness as indicated below;
- Post it to us at our postal address, or scan and email it to support@gridare.com

Important Notes

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 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 form to us as a signed original witnessed by one of the following persons:

- 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 us 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.

You can also authorise an Advocate who can deal with us on your behalf (including making a complaint); however they cannot change your account or services, and cannot act on your behalf or access your information unless you are present and agree.

If we are not clear whether you intend to appoint an Advocate or an Authorised Representative, we shall assume that you only intend to appoint an Advocate.

We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form. We may need to have the documents checked before we can accept the appointment.

Account Holder Details**Account Number:**

Title (please tick one): Mr Mrs Ms Dr Other**Given Names:****Last Name:**

Organisation Name (if applicable):

ABN / ACN:

Phone:**Mobile:**

Email:

Address:**Suburb:**

State:**Postcode:**

Advocate or Authorised Representative's Details

Title (please tick one):

 Mr Mrs Ms Dr Other

Given Names:

Last Name:

Organisation Name (if applicable):

ABN / ACN:

Phone:

Mobile:

Email:

Address:

Suburb:

State:

Postcode:

Limitations of the Authorised Representative's Rights

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

Please tick the type of appointment:

- Advocate Authorised Representative

"I, _____, authorise Gridare to deal with the above person as my Authorised Representative / Advocate. I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. Gridare may assume that it is dealing with the Authorised Representative if they identify themselves as such when contacted at any of the contact numbers/addresses above. This appointment continues until I revoke it in writing."

Signature of Account Holder:

Date:

Witness Declaration

Full Name of Witness:

Witness's Capacity (JP, Police Officer, etc.):

Address of Witness:

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

Signature of Witness:

Place and Date:
