



## Appointment of Authorised Representative Form

You are able to appoint an Authorised Representative or an Advocate to deal with FaktorTel on your behalf.

Any person listed as a contact when you signed up to FaktorTel, is treated as an Authorised Person for this account. If you wish to appoint another person as an Authorised Representative or an Advocate please complete the form below and return it to FaktorTel via [accounts@FaktorTel.com.au](mailto:accounts@FaktorTel.com.au)

### Authorised Representatives

Authorised Representatives are able to act and access information as if they were you. They are able to change account details, make complaints on your behalf, and cancel your service. You may limit what an Authorised Representative is able to do by specifying things that they cannot do on your behalf in the form below.

### Advocates

Advocates are able to act and access information in relation to complaints only. They may not change account details or cancel your service, however they may make complaints on your behalf, pursue the complaints process and accept proposed resolutions.

### Security

For security reasons this form should be witnessed by a person with one of the qualifications listed below. If the form is returned to us without a qualified witness's signature, we may contact the account holder to verify the appointment or request the form be resubmitted after being witnessed by a qualified witness.

### Qualified Witnesses

- 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;
- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- A Police Officer;
- 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.

Customer Details							
Company Name							
ABN							
Address							
Person Requesting							
Telephone							
Mobile							
Email							
Representative Details							
Proposed Representative							
Address							
Telephone							
Mobile							
Email							
<b>Limits on representative's power</b> (Specify what your representative <u>cannot do</u> on your behalf. If left blank, the representative will have full power to act on your behalf in all FaktorTel matters.)							
<b>Capacity</b>	<table border="1"> <tr> <td>Full Representative</td> <td></td> <td>Representative (limited as specified)</td> <td></td> <td>Advocate only</td> <td></td> </tr> </table>	Full Representative		Representative (limited as specified)		Advocate only	
Full Representative		Representative (limited as specified)		Advocate only			
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I \_\_\_\_\_ authorise the above person to act on my behalf in all matters relating to my dealings with FaktorTel, subject to any limitations provided above. I acknowledge that I am responsible for the acts of my Authorised Representative.

**Signed for and on behalf of Customer**

Name & Title	Signature	Date
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px; text-align: center;">/ /</div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px; text-align: center;">/ /</div>

**Witnessed**

Name & Title	Signature	Date
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px; text-align: center;">/ /</div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px; text-align: center;">/ /</div>