



Appointment of an Authorised Representative

IMPORTANT

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 this proves too difficult or inconvenient for you, and we will work with you to find an alternative way of appointing an Authorised Representative.

If you wish to appoint an Authorised Representative to deal with BINARY NETWORKS, please complete the form below. You may also provide a letter of authorisation or a statutory declaration if preferred.

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. Please ensure that each representative is aware that you have provided this authority to other representatives to minimise confusion.

This form must be completed and returned to us as a signed original and witnessed by one of the following persons below:

<ul style="list-style-type: none"> • 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; 	<ul style="list-style-type: none"> • 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; 	<ul style="list-style-type: none"> • A Dentist; • A Pharmacist; • A Medical Practitioner; • A Chiropractor or a Physiotherapist.
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(See Overleaf)



Your Account Information

Date:		<i>The date you have completed this form</i>
Account Number:		<i>You can locate this on your welcome email or on a recent telephone bill in the top-right corner.</i>
Business or Residential:		<i>Are you a business or residential customer? If you are not sure, you can leave this blank</i>
Organisation Name: (if applicable)		
Account Holder's Full Name:		<i>This must be the full name of the primary account holder.</i>
Contact Telephone Number:		
Contact Email Address:		
Best time to discuss:		<i>e.g. Monday mornings before 11am</i>
Preferred method of communication (Telephone/Email/Other)		

Your authorised representative

I wish to appoint the following person as my Authorised Representative:

Full Name:		
Organisation Name: (if applicable)		
Contact Physical Address:		
Contact Telephone Number:		
Contact Email Address:		
Best time to discuss:		
Preferred method of communication (Telephone/Email/Other)		
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.):		

(Form continues on next page)



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Fax: 03 8080 0701
www.binarynetworks.com.au

Declaration

"I, _____, authorise BINARY NETWORKS PTY LTD (and 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. BINARY NETWORKS PTY LTD (and 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 numbers/addresses above. This appointment continues until I revoke it in writing."

Signature:

Place and date:

Account holder's signature:

Witness's declaration and signature:

"I confirm that the person signing above (account holder) has produced evidence of their identity."

Place and date:

Witness's signature:

Witness's full name:

Witness's capacity (JP, police officer etc.) and address:
