

# Appointment of Authorised Representative

If you wish to appoint an Authorised Representative to deal with Accord 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 us on 1300 017 150 (Monday to Friday, 8am–8pm AEST) if this you are unable to do this and we will work with you to find an alternative way of appointing an Authorised Representative.

You can cancel the appointment of an Authorised Representative at any time by providing written notice to Accord at [support@accordconnect.com.au](mailto:support@accordconnect.com.au). The cancellation will not take effect until the written notice has been received by Accord, and until this time we are entitled to continue to act on any instructions provided by the Authorised Representative.

**Your details:**

Account number:

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Account holder's full name (note: you must be the account holder to appoint an Authorised Representative):

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**Your Authorised Representative's details**

*"I wish to appoint the following person as my Authorised Representative"*

Authorised Representative's full name:

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Authorised Representative's telephone number:

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Authorised Representative's email address (if applicable):

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Authorised Representative's physical address:

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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):

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**Appointment declaration:**

"I, \_\_\_\_\_, authorise Accord 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. Accord 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. I indemnify Accord against all loss, liabilities and costs incurred directly or indirectly as a result of the appointment of an Authorised Representative, including any action or payments authorised by the Authorised Representative, except to the extent the loss, liabilities and costs are due to Accord's unlawful or negligent acts. I agree that I shall have no claim against Accord in relation to any actions taken by the Authorised Representative in accordance with this appointment declaration."

**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:

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Please email this form to [support@accordconnect.com.au](mailto:support@accordconnect.com.au)