

To: (Customer / Business Name)
Att:
Subject: Appointment of Authorised Representative / Advocate
Ref: TEL-YYYYMMDD-XXX

Telarus
Level 8, 473 Bourke St
Melbourne
Victoria, 3001

Dear (Contact Name),

If you wish to appoint an Advocate or Authorised or Authorised Representative to deal with us on your behalf, please:

- carefully **read the important notes** below;
- carefully **complete the form** on the next page;
- take it, with some proof of your identity, to a witness as indicated;
- **sign it** in the presence of a lawyer or doctor or pharmacist or Centrelink officer or member of police as **witness**; and
- **post it** to us at the address above.

Important Notes:

An 'Advocate' whom you appoint can deal with us on your behalf (including making a complaint) but:

Cannot change your account or services; and

Cannot act on your behalf or access your information unless you are present and agree.

An 'Authorised Representative' whom you appoint can deal with us on your behalf as your agent (including making a complaint) and"

If you give them limited rights: has only those rights including any limitations you specify on access to your information; and

Otherwise: has power to act and access information as if they are you.

If we are not clear whether you intend to appoint an Advocate or an Authorised representative, we shall assume 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 for a Customer. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer). We may need to have the documents checked before we can accept the appointment.

To protect your privacy and security and to minimise the risk of fraud, our normal requirement is that this Appointment be submitted by post as a signed original, witnessed by a lawyer or doctor or pharmacist or Centerlink officer or member of police. If this is too difficult or inconvenient for you, please call our Customer Service team and we will talk with you about an alternative way to accept the Appointment while protecting your interests.

Further Information : www.telarus.com.au/terms

Date:

My Account ID:

Account Name:

I wish to appoint (tick):

an **Advocate**,

or

an **Authorised Representative**

I hereby appoint:

Name:

Address:

Address:

Telephone:

Email:

Limitation/s of authority:

My appointment and
authority:

I authorise Telarus to deal with the above person as my Advocate or Authorised Representative (as indicated). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within the authority as described in this Appointment. I release Telarus from any claim I might otherwise have against you, based upon anything you do in reasonable reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when Telarus contacts any of the contact numbers / addresses above. The appointment continues until I revoke it in writing.

Confirmation by witness:

I confirm that the person signing below has produced evidence of their identity

My Signature:

Witness:

Signature:

Name: