

An Advocate is a person nominated by you to deal with us on your behalf, but who cannot make changes on your behalf to your account without you being present and agreeing to such changes. If you wish to appoint an Advocate to deal with us on your behalf, please complete the form below. Alternatively, you can appoint an Advocate, revoke or extend appointments of Authorised Representative or Advocates and, or revoke or enable your Authorised Representative's or Advocate's Access Rights by calling us on 1800 100 800 Monday to Friday, 9:00am to 5:00pm (AEST). For further information, please see our Authorised Representative and Advocate Policy on our website which governs the appointment, granting of rights and revocation of Authorised Representatives and Advocates.

Please email your completed form to: accounts@movox.com.au

Customer name ("Account holder")

You can find your account number on the cover page of your MOVOX bill

Account number

Account name

| | |
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Advocate details

Title

First name

Last name

Phone

| | | | |
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| | | | |
|--|--|--|--|

Address

Suburb

State

Post code

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Advocate Access Rights

Select the areas of your account that you authorise your Advocate to deal with us on your behalf. Please note that your Advocate cannot make changes to your account without you being present and agreeing to such changes. Your Advocate will not be able to deal with us on any function listed below if the related box is left blank.

Account details
 Service details
 Payment details
 Technical details

Account holder declaration

"I, hereby request that the person named in the Advocate details section above to be appointed as an Advocate on our account.

Furthermore, I confirm that my Advocate is over the age of 18 and I acknowledge that I am responsible for anything my advocate does on my behalf."

Declared at

Account holder Signature

Date

| | | |
|--|---|-----|
| | X | . . |
|--|---|-----|

Witness declaration

"I, confirm that the person signing above has produced evidence of their identity."

Declared at

Witness Signature

Date

| | | |
|--|---|-----|
| | X | . . |
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Witness capacity

Witness address

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Acceptable witness

- A. Justice of the Peace, a Police Officer, Solicitor or Barrister;
- B. Dentist, Pharmacist, Medical Practitioner, Chiropractor or Physiotherapist;
- C. An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or National Institute of Accountants with 2 or more years of continuous membership;
- D. An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- E. 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.