

An Authorised Representative is a person who has authority from you to deal with us on your behalf, including to discuss or make changes to your account without you being present. If you wish to appoint an Authorised Representative to deal with us on your behalf, please complete the form below. Alternatively, you can appoint an Authorised Representative, revoke or extend appointments of Authorised Representative and, or revoke or enable your Authorised Representative'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

Authorised Representative details

Title

First name

Last name

Phone

Address

Suburb

State

Post code

Authorised Representative Access Rights

Select the areas of your account that you authorise your representative to access on your behalf and act as if they were you. Your representative will not be able to access or alter any function listed below if the related box is left blank.

Account details
 Service details
 Payment details
 Technical details

Appointment declaration

"I, authorise MOVOX to deal with the above person as my Authorised Representative.

Furthermore, I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. MOVOX 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."

Declared at

Account holder Signature

Date

Witness declaration

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

Declared at

Witness Signature

Date

Witness capacity

Witness address

Acceptable witness

- Justice of the Peace, a Police Officer, Solicitor or Barrister;
- Dentist, Pharmacist, Medical Practitioner, Chiropractor or Physiotherapist;
- 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;
- 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.