

About appointing representatives

When you appoint a representative you are giving that person the authority to deal with MOVOX on your behalf as your agent. This means that the 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 specify limitations of your representative's rights.

Only account holders can appoint representatives. You can appoint up to three representatives by completing a separate Appointment of an Authorised Representative form for each person you wish to appoint.

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: Justice of the Peace; Police Officer; Accountant with 2 or more years of continuous membership of either the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants; Solicitor or Barrister; Australia Post outlet agent or permanent employee with 2 or more years of continuous service; Holder of an Australian Financial Services Licence, having their licence for more than 2 or more continuous years; Dentist; Pharmacist; Medical Practitioner; or Chiropractor.

For further information about appointing a representative please contact us on 1800 100 800. Please email your completed form to: accounts@movox.com.au

Customer name (“Account holder”)

| Account No. | | | | | | | Account name |
|-------------|--|--|--|--|--|--|--------------|
|-------------|--|--|--|--|--|--|--------------|

Authorised representative details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------------|--|--|--|--|--|--|--|--|--|-----------|---|---|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title | First name | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | |
| Telephone | 0 | | | | | | | | | | Mobile | 0 | 4 | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | Post code | | | | State | | | | | | | | | | | | | |

Limitations of Authorised Representative's 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 of the functions of boxes left blank.

Account details Service details Payment details Technical details

Appointment declaration

"I, _____, authorise MOVVOX 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. 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."

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|------|---|------|---|---|---|---|---|---|
| Name |  | Date | D | D | M | M | Y | Y |
|------|---|------|---|---|---|---|---|---|

Witness declaration and signature

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

Declared at _____ Date DD MM YY

| Witness's capacity | Address |
|--------------------|---------|
|--------------------|---------|

Acceptable witnesses: (A) Justice of the Peace; (B) Police Officer; (C) Accountant with 2 or more years of continuous membership of either the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants; (D) Solicitor or Barrister; (E) Australia Post outlet agent or permanent employee with 2 or more years of continuous service; (F) Holder of an Australian Financial Services Licence, having their licence for more than 2 or more continuous years; (G) Dentist; (H) Pharmacist; (I) Medical Practitioner; or (J) Chiropractor.