

Appointment of an Advocate or Authorised Representative

Dear Customer,

If you wish to appoint an Advocate 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 next;
- **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: amaysim Mobile, PO BOX R567, Royal Exchange, NSW, 1225**
or
- **email it to: mnpsupport@amaysim.com.au**

Important Notes

1. An 'Advocate' whom you appoint can deal with us on your behalf (including making a complaint) but:
 - (a) cannot change your account or services; and
 - (b) cannot act on your behalf or access your information unless you are present and agree.
2. An 'Authorised Representative' whom you appoint can deal with us on your behalf as your agent (including making a complaint) and:
 - (a) If you give them limited rights: has only those rights including any limitations you specify on access to your information; and
 - (b) otherwise: has power to act and access information as if they are you.
3. 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.
4. 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.
5. 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 Centrelink officer or member of police.

To: amaysim Mobile Date: _____

My Service Number: _____

Account Holder Name: _____

Account Holder Date of Birth: _____

Current Method of payment: Credit Card Voucher Bank Account Direct Debit Paypal

What number do you call or SMS regularly? _____

I wish to appoint (tick):

- an **Advocate** or
- an **Authorised Representative**

The fields in this box are mandatory

The person I appoint is: _____
Their email address is: _____
Their mobile number is: _____
Their physical address is: _____

Limitation/s on authority of Authorised Representative: _____

Note: complete if applicable

My appointment and authority:

I authorise you to deal with the above person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this Appointment. I release you from any claim I might otherwise have against you, based on 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 you contact any of the contact numbers / addresses above. The appointment continues until I revoke it in writing. I confirm that this person is over the age of 18.

My Signature: _____

Signature of witness: _____

Name of witness: _____

Qualification of witness: Lawyer / Doctor / Pharmacist / Centrelink officer / Police

Note: circle qualification

Address of witness: _____

Confirmation by witness: I confirm that the person signing above has produced evidence of their identity.