

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

All customers must sign this authority to appoint a Third Party Representative. Any future requests to change the authorised Third Party must be signed by all customers as disclosed on the loan contract. Company finance facilities must be signed by a minimum of two (2) company directors unless the company has a sole director.

Customer Account Name _____

Customer Account Number _____

REPRESENTATIVE DETAILS (must be completed in all cases)

PLEASE PROVIDE A COPY OF PHOTOGRAPHIC IDENTIFICATION WITH SIGNATURE

Contact person _____

Company name (if applicable) _____

ACL number (if applicable): _____

Address _____

Contact number _____

Email _____

PROFESSIONAL RELATIONSHIP TO LA TROBE FINANCIAL CUSTOMER

- Solicitor/Conveyancer/Legal representative
 Financial planner
 Accountant
 Other (Please specify) _____

PRIVATE RELATIONSHIP TO LA TROBE FINANCIAL CUSTOMER:

The Representative **may be required to quote the account password** to be granted access to information or be able to transact on the account. I/We confirm that I/we, where applicable, have provided this person/s with the privacy password set-up on this account.

I/We understand that if I/we divulge our password to my/our representative this may grant them FULL access to my/our loan account over and above the nominated access level selected on page 2 of this document.

- Family member (Please specify relationship) _____
 Friend or associate

Signature of private relationship representative _____

Please provide a copy of photographic identification.

SERVICES BEING PROVIDED TO LA TROBE FINANCIAL CUSTOMER

- Is the representative being paid for the services they are providing you? Yes No
 Is the representative providing you with debt management and/or credit assistance service? Yes No
 Does the representative hold an Australian Credit Licence (ACL) with an authorisation that covers their services (please provide their ACL number) Yes No

Note: if the representative is required to hold an ACL to provide debt management and/or credit assistance services to you but is not appropriately licenced, we will be unable to engage with them and/or appoint them as your representative on your account. Please contact our customer services team on 13 18 10 if you would like further information on this requirement.

ACCESS IS REQUIRED FOR THE FOLLOWING TIME PERIOD

- Less than < 6 months
 Less than <12 months
 Until further notice
 Purpose specific: (Please provide detail)

ACCESS REQUEST

I/We request that my/our Representative, as nominated above, receive access to my/our financial records in relation to my/our finance facility. I/We agree that my/our Representative has the same powers as I/we do to transact on my/our account as chosen from the options overleaf.

I/We hereby release, discharge and agree to indemnify La Trobe Financial and the nominated mortgagee and finance provider from and against all actions, proceedings, accounts, claims and demands however arising out of the release of this information to the Representative named within this authority.

PLEASE NOMINATE THE REQUIRED ACCESS BY SELECTING THE APPROPRIATE BOX

- General enquiries (including the provision of any documentation relating to your loan).
 Transact (Direct debit changes, change to personal details and requesting statements).
 Redraw – your nominated representative **must** quote your password to request a redraw. Amounts in excess of \$10,000 must be requested in writing and signed by you **or** your representative.

SIGNATURES

Signature of La Trobe Financial Customer

Full name

Date

Signature of La Trobe Financial Customer

Full name

Date

Signature of La Trobe Financial Customer

Full name

Date

Signature of La Trobe Financial Customer

Full name

Date

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**
GPO Box 2289
Melbourne Victoria 3001 Australia

Email: **customerservices@latrobefinancial.com.au**

Office use only

Check signatures

Staff note completed detailing when authority expires