

If you wish to appoint an Authorised Representative or Authorised Advocate to deal with Escapenet on your behalf, please complete the form below.

Important Information

When you appoint an **Authorised Representative** you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised 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.**
- **Adding new products or services**

You can of course specify limitations of your Authorised Representative's rights.

Please note that only account holders can appoint an Authorised Representative or Advocate. If you wish to appoint more than one Authorised Representative or Advocate, please complete one Authorised Representative or Advocate Form for each person you wish to appoint. You can appoint up to three Authorised Representatives or Advocates.

When you appoint an **Authorised Advocate** you are giving the person you appoint the authority to deal with us on your behalf as your advocate. This means that the Authorised Advocate can;

- **Deal with us on your behalf**
- **But does not have the authority to act as your agent or Authorised Representative**
- **Does not have access to any of your account information and cannot make changes to your account, order new services or cancel services**

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 persons below:

- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- A Solicitor or Barrister;
- A Police Officer;
- 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;
- A Dentist;
- A Pharmacist;
- A Medical Practitioner;
- A Chiropractor or a Physiotherapist.

Please contact us on [1300 135 235](tel:1300135235) if this proves too difficult or inconvenient for you, and we will work with you to find an alternative way of appointing an Authorised Representative or Advocate.



Appointment of Authorised Representative or Advocate

Please Circle which option you are authorising

Authorised Representative **or** Authorised Advocate

Your details:

Account number: _____

(You can find your account number on the top Right hand corner of your bill)

Account holder's full name: _____

(You must be the account holder to appoint an Authorised Representative)

"I wish to appoint the following person as my Authorised Representative or Advocate":

Your Authorised Representative's/ Advocate details

Authorised person full name: _____

Authorised person's telephone number: _____

Authorised person's email address (if applicable): _____

Authorised Representative's physical address:

Limitations of the Authorised Representative's rights (Specify anything that your Authorised Representative should NOT be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they were you.):

Appointment declaration:

"I, _____, authorise [EscapeNet](#) 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. [EscapeNet](#) 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."

Signature:

Place and date:

Account holder's signature:

Witness's declaration and signature:

"I confirm that the person signing above (account holder) has produced evidence of their identity."

Place and date:

Witness's signature:

Witness's full name:

Witness's capacity (JP, police officer etc.) and address:
