

# Third Party Authority Form

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Please complete the form below to provide Third Party Authorisation.

## Reference Number

Reference Number

## Applicant's Details

Full Name

Date of Birth

Address

Suburb

State

Postcode

I hereby authorise ECOLL Pty Ltd to contact the person named below in relation to my outstanding matter held with them. I further agree to allow the person named below to make arrangements on my behalf in relation to the management of the matter.

Signature

Date

## Third Party Details

Full Name

Date of Birth

Address

Suburb

State

Postcode

Telephone Number

Email Address

Please return the completed form to:

- Email: [reception@ecoll.com](mailto:reception@ecoll.com)
- Post: Locked Bag 1016 Gordon NSW 2072