

Third Party Authority Form

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 iMS 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: admin@insol.com.au
- Post: Locked Bag 1016 Gordon NSW 2072