

THIRD PARTY AUTHORITY

APPLICANTS DETAILS

Title	_____	Address	_____
Family name	_____		_____
First given name	_____		_____
Date of Birth	_____	Phone	_____
Account Number(s)	_____	Mobile	_____
		Email	_____

THIRD PARTY'S DETAILS

Title	_____	Address	_____
Family name	_____		_____
First given name	_____	Phone	_____
Date of Birth	_____	Mobile	_____
		Email	_____

APPLICANT'S CONSENT

I, (full name of account holder) _____
authorise (enter full name of third party) _____
as my Authorised Person.

As such, I authorise ECOLL Pty Limited to:

- Disclose to them any and all ECOLL Pty Limited acts on behalf of their client
- ECOLL Pty Limited acts on behalf of their client.
- Receive information/requests from my authorised person as coming from myself in respect to any accounts on which ECOLL Pty Limited acts on behalf of their client.

This authority remains in force until cancelled by myself. I understand I may cancel this authority as any time by written notification to ECOLL Pty Limited.

Signature of Account Holder _____

Reference Number(s) _____

Date _____

Please send completed form back to us via post, fax or email

email: admin@ecoll.com.au

fax: +61 2 9482 9793

post: PO Box 515, Hornsby NSW 2077