

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 Insolvency Management Services Pty Ltd to:

- Disclose to them any and all details in respect to my account(s) on which Insolvency Management Services Pty Ltd acts on behalf of their client
- Negotiate with them in relation to payment or settlement of my account(s) on which Insolvency Management Services Pty Ltd acts on behalf of their client.
- Receive information/requests from my authorised person as coming from myself in respect to any accounts on which Insolvency Management Services Pty Ltd 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 Insolvency Management Services Pty Ltd.

Signature of Account Holder _____

Reference Number(s) _____

Date _____

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

email: admin@insoll.com.au

fax: +61 2 9987 1911 or 1300 329 329

post: GPO Box 210, Sydney, NSW 2001