

Appointment of an Authorised Representative or Advocate

If you wish to appoint an Authorised Representative to deal with Spirit Telecom (Australia) Pty Ltd ('SPIRIT') on your behalf, or an Advocate to assist you, please complete the form below, have your identification authorised by the appropriate authority and email to billing@spirit.com.au and post the original to P O Box 199 South Melbourne VIC 3205

PLEASE NOTE:

Authorised Representative: When you appoint a person as your Authorised Representative, you are giving them 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. You can of course specify limitations of your Authorised Representative's rights.

Advocate: When you appoint an Advocate, this person has no power to access any of your information, or make changes to your account or service without you present.

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

For security reasons we require you to submit the completed 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 1800 007 001 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 with you.

Please complete, then print this form for witnessing by an appropriate authority.
Once complete mail the original to Billing, PO Box 199, South Melbourne VIC 3205



Appointment of an Authorised Representative or Advocate

Your details

Spirit Account number

Account holder's full name *(as per the proof of Identity provided)*

(note: 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 or Advocate's details

Full name

Email address

Telephone number

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.

Tick this box if this person has no power to access any of your information, of make changes to your account or service without you present. **Therefore this person will be known as your 'Advocate'**

Tick this box if this person has the power to act as if they are you, and make changes to your account or service without you present, unless you advise us to rescind or limit this arrangement, in writing. **Therefore this person will be known as your 'Authorised Representative'**

Appointment declaration

By signing this document, I authorise SPIRIT to deal with the above noted person as my Authorised Representative or Advocate. I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. SPIRIT 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." Account number

Place and date:

Account holder's signature

Witness's declaration

Place and date:

Witness's signature

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

Witness's full name

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