

Third Party Authority

This authority is only valid for 12 months and is for 'enquiry' access only.
Your third party has no rights to instruct AGEST to take any action on your AGEST account.

1. Personal details

Membership number

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Telephone numbers

Home

Work

Mobile

Email address (work or home)

Residential address

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Postal address (if different to residential address)

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

I agree to authorise the third party listed in section 2 to enquire about my AGEST account/s nominated above. I understand that this authority:

- ▶ is only valid for 12 months from the date AGEST receives it; and
- ▶ does **not** assign any rights to my nominated third party to instruct AGEST on any matter regarding my AGEST account; and
- ▶ can be cancelled in writing prior to the 12 month expiry period.

Signature

Date

2. Third party details

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Position or relationship to member

Company (if applicable)

Email address

Telephone numbers

Home

Work

Postal address

Suburb/Town

State/Territory

Postcode

Solicitor or third party signature

Date

When you have completed this form please send it to:

AGEST Administration, Locked Bag 20, Wollongong NSW 2500
or fax it to us on 1300 664 378 (or +61 2 4253 6108 from overseas)