

Appointment of an Advocate or Authorised Representative

Dear Customer,

If you wish to appoint an Advocate or Authorised Representative to deal with us on your behalf, please:

- carefully read the important notes below;
- carefully complete the form on the next page;
- take it, with some proof of your identity, to a witness as indicated next;
- **sign it** in the presence of a lawyer or doctor or pharmacist or Centrelink officer or member of police as a witness; and
- post it to Level 5 104 Mount Street North Sydney NSW 2060
- email it to: support@occom.com.au

Important Notes

- 1. An 'Advocate' whom you appoint can deal with us on your behalf (including making a complaint) but:
 - (a) cannot change your account or services; and
 - (b) cannot act on your behalf or access your information unless you are present and agree.
- 2. An 'Authorised Representative' whom you appoint can deal with us on your behalf as your agent (including making a complaint) and:
 - (a) If you give them limited rights: has only those rights including any limitations you specify on access to your information; and
 - (b) otherwise: has power to act and access information as if they are you.
- 3. If we are not clear whether you intend to appoint an Advocate or an Authorised Representative, we shall assume you only intend to appoint an Advocate.
- 4. We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative for a customer. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer). We may need to have the documents checked before we can accept the appointment.
- 5. To protect your privacy and security and to minimise the risk of fraud, our normal requirement is that this Appointment be submitted by post as a signed original, witnessed by a lawyer or doctor or pharmacist or Centrelink officer or member of police.



Appointment of an Advocate or Authorised Representative

Date:	
To: Occom Pty Ltd	
My Account Number:	
Account Holder Name:	
Service Address:	
I wish to appoint (tick):	
☐ an Advocate or	
☐ an Authorised Represe	ntative
The person I appoint is:	
Their email address is:	
Their landline number is:	
Their mobile number is:	
Their physical address is:	
Limitation/s on authority of Authorised Representative:	
Authorised Representative.	Note: complete if applicable
My appointment and authority	<u>:</u>
applicable). I acknowled on my behalf within the might otherwise hav Appointment. You ma themselves as such whe	If with the above person as my Advocate or Authorised Representative (as dge responsibility for anything my Advocate or Authorised Representative does eir authority as described in this Appointment. I release you from any claim I e against you, based on anything you do in reasonable reliance on this y assume that you are dealing with the relevant person if they identify anyou contact any of the contact numbers / addresses above. The appointment is it in writing. I confirm that this person is over the age of 18.



My Signature:		
Signature of witness:		
Name of witness:		
Qualification of witness:	Lawyer / Doctor / Pharmacist / Centrelink officer / Police Note: circle qualification	
Address of witness:		

Confirmation by witness: I confirm that the person signing above has produced evidence of their identity.