

Golnternet

Appointment of Authorised Representative or Advocate Form

In line with the Telecommunications Consumer Protections Code 2012, you can appoint an Authorised Representative or Advocate to liaise or make a compliant on your behalf, this form will allow you to do that.

Please:

- carefully read the Important Notes below;
- complete this form in full;
- take it with proof of your identity to a witness as indicated below;
- post it to us at our postal address at the foot of this form, or scan and email it to support@gointernet.net.au

Important Notes:

When you appoint an Authorised Representative you are giving the person you appoint 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.

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

For security reasons we require you to submit the completed Authorised Representative 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 1300 277 136 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.

You can also authorise an Advocate whom you appoint can deal with us on your behalf (including making a complaint) however they cannot:

- change your account or services; and
- cannot act on your behalf or access your information unless you are present and agree.

If we are not clear whether you intend to appoint an Advocate or an Authorised Representative, we shall assume that you only intend to appoint an Advocate.

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.

Appointment of Authorised Representative or Advocate

Account Holder Details									
Account Number:									
Title (Please tick o	one):								
Mr		Mrs		Ms		Dr		Other	
				J		1	L	1	
Given Names:					Last Na	me:			
Organisation Name (if applicable)									
ABN/ ACN	,								
Phone:		_							
	Suburb:								
State:									
Advocate or Authorised Representative's Details Title (Please tick one):									
	<u> </u>			٦.,				lou	
Mr		Mrs		Ms		Dr		Other	
	ne (if c	applicable	e)						
ABN/ ACN		_							
Phone:					Mobile:				
Email:									
Address:	ess:Suburb:								
State:					Postcoc	de:			
Postcode:		-							
Limitations of the	∆utho	rised Ren	resent	ative's ri	ahts (Sr	oecify any	vthina	that your Authorised Representative	
Limitations of the Authorised Representative's rights (Specify anything that your Authorised Representative should NOT be allowed to do on your bobalf. If left blank the Authorised Representative bas the power to get									
should NOT be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act									
as if they were yo	u.):								
Appointment de	eclara	tion:							
Advocate	;			Authoris	sed Rep	resentativ	/e		
				-					
"l,								, authorise GoInternet	
to deal with the above person as my Authorised Representative. I acknowledge that I am responsible for all									
acts of my Authorised Representative within the authority as described in this Appointment. Golnternet may									
assume that it is dealing with the Authorised Representative if they identify themselves as such when									
		•			•				
contacted at any	of the	contact	numb	ers/addr	esses a	bove. This	s appo	pintment continues until I revoke it in	
writing."									
Signature of Acco	ount Ho	older:					_ Date	9:	
Full Name of Witness:									
Witness's capacity (JP, police officer etc.):									
Address of Witness:									
Confirmation by witness: 'I confirm that the person signing above has produced evidence of their identity'.									
Signature of Witness:									
Place and Date:									

Golnternet Pty Ltd ABN: 41 610 578 149 1300 227 136 support@gointernet.net.au PO Box 4659, Cairns, QLD. 4870. Pg. 3 www.gointernet.net.au