



# OPEN GATEWAY

Communication & Technology Specialists

40 Cobbler Crescent  
Minchinbury NSW 2770  
ABN: 72 162 516 421

## **Appointment of 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 witness; and
- post it to us at the address above.

Important notes:

1. **What is an Advocate?**

An 'Advocate' 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. **What is an Authorised Representative?**

An 'Authorised Representative' 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) If you do not give them limited rights: has power to act and access information as if they are you.



My appointment and

authority:

I authorise you to deal with the above person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this Appointment. I release you from any claim I might otherwise have against you, based on anything you do in reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when you contact any of the contact numbers / addresses above. The appointment continues until I revoke it in writing.

My signature:

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Signature of witness:

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Name  
of witness:

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Qualification and  
address of  
witness:

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Lawyer / doctor / pharmacist / Centrelink officer / police

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