



iPacific Pty Ltd
PO Box 235 Summer Hill NSW 2130
Ph: 1300 788 354 or Int: +612 80614390
ACN: 107 961 795 ABN: 68 107 961 795

www.cmcc.com.au

www.ipacific.com.au

Appointment of Authorised Representative Document

If you wish to appoint an Authorised Representative to deal with iPacific on your behalf, please complete the form below. Alternatively, you may provide iPacific with a letter of authorisation or other reasonable form of authorisation as may be reasonably required by iPacific.

Please note

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 document 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 007777 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.



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Your details:

Account number: _____

This is located on the front page of your invoice. If you do not have this please call iPacific on 1800 007777.

Account holder's full name (note: you must be the account holder to appoint an Authorised Representative):

"I wish to appoint the following person as my Authorised Representative":

Your Authorised Representative's details

Authorised Representative's full name:

Authorised Representative's telephone number:

Authorised Representative's email address (if applicable):

Authorised Representative's physical 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.):

Appointment declaration:

"I, _____, authorise _____
to deal with the above person as my Authorised Representative. I acknowledge that I am responsible for all acts of



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my Authorised Representative within the authority as described in this Appointment. iPacific 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.”

Signature:

Place and date:

Account holder’s signature:

Witness’s declaration and signature:

“I confirm that the person signing above (account holder) has produced evidence of their identity.”

Place and date:

Witness’s signature:

Witness’s full name:

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