



THIRD PARTY AUTHORISATION FORM FOR INDIVIDUALS

OFFICE USE ONLY	
OPERATOR CODE	
ACCOUNT REFERENCE	
DATE RECEIVED	
AMOUNT DUE	

This form is for individuals who wish to authorise a nominated representative to act on their behalf.

By completing and returning this form to National Credit Management Limited (NCML), you agree for us to record the details of your nominated representative and grant them access to your personal account information. This is in accordance with the Privacy Act and NCML's Privacy Policy. For further information please contact the Privacy Officer on 1300 649 161. Any nomination you make will continue indefinitely unless notification in writing is received or the authorised nominee fails to respond to contact requests made by NCML. Please complete all sections.

Your Account Details

ACCOUNT REFERENCE DETAILS	
NCML Reference Number	
Name of Creditor	
Creditor Reference Number	

Your Contact Details

YOUR CONTACT DETAILS			
Mr / Mrs / Ms	First and Middle Names	Surname	Date of Birth
			/ /
Residential Address		Suburb	State Postcode
Postal Address (if different from your residential address)		Suburb	State Postcode
Email	Home Telephone	Work Telephone	Mobile
	()	()	

Contact Details for Your Nominated Representative

THEIR CONTACT DETAILS			
Mr / Mrs / Ms	First and Middle Names	Surname	Date of Birth
			/ /
Postal Address		Suburb	State Postcode
Email	Home Telephone	Work Telephone	Mobile
	()	()	

Declaration

I hereby declare that, to the best of my knowledge, all information provided on this form is true and correct. I give permission for NCML to contact, deal with and disclose information relating to my account to the authorised representative nominated above on my behalf.

YOUR SIGNATURE		
.....>>>>	Date / /

Please return the completed form as soon as possible, referring to your most recent NCML correspondence for address/return details.