



customerservice@blisstel.com.au | 1300 BLISS OR 1300 254 777 | www.bliststel.com.au

If you wish to appoint an Advocate or Authorised Representative to deal with us on your behalf, please read the following information carefully and complete the form accurately. It is a requirement that this Appointment is submitted by post as a signed original, and is signed in the presence of, and witnessed by a registered Justice of the Peace, or alternatively, signed in the presence of and witnessed by a registered Lawyer, Doctor, Pharmacist, Police Officer or Centerlink Officer. This requirement is for your benefit, to protect your privacy and security and to minimise the risk of fraud.

Blisstel Communications also accepts Power of Attorney and/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 or the customer.

WHAT IS AN ADVOCATE?

An Advocate is someone who may deal with us on your behalf. This includes making a complaint. An Advocate cannot make changes to your account or services and/or may not act on your behalf or access your information unless you are present and agree.

WHAT IS AN AUTHORISED REPRESENTATIVE?

An Authorised Representative is someone who may deal with us on your behalf as your agent. This includes making a complaint. If you specify limitations, they have only those rights specified, on access to your information. If you do not specify limitations, they have power to act and access information as if they are you.

APPOINTMENT DETAILS

BLISSTEL CUSTOMER ACCOUNT NUMBER

BLISSTEL ACCOUNT HOLDERS FULL NAME

I wish to appoint: Advocate Authorised Representative

ADVOCATE/REPRESENTATIVE FULL NAME

D.O.B

ADVOCATE/REPRESENTATIVE EMAIL

ADVOCATE/REPRESENTATIVE HOME PHONE

ADVOCATE/REPRESENTATIVE MOBILE PHONE:

ADVOCATE/REPRESENTATIVE ADDRESS

AUTHORISED REPRESENTATIVE LIMITATION/S

MY APPOINTMENT AND AUTHORITY

I authorise Blisstel Communications to deal with the above named person as my nominated Advocate/Authorised Representative. I acknowledge responsibility for actions my Advocate/Authorised Representative does on my behalf, within their authority, as described in this appointment. I release Blisstel Communications from any claim I may otherwise have. Blisstel Communications may assume that they are dealing with the relevant person if they identify themselves as such when contacting my Advocate/Authorised Representative on the contact details provided on this authority. The appointment of my nominated Advocate/Authorised Representative will continue until written confirmation to withdraw my nomination of my Advocate/Authorised Representative is provided.

CUSTOMER SIGNATURE

X

Witness Statement: I hereby confirm that the person signing the above has produced evidence of their identity.

WITNESS FULL NAME

WITNESS QUALIFICATION

WITNESS ADDRESS

WITNESS SIGNATURE

X

This application must be mailed to;
PO Box 23022, Docklands, Victoria 8012.