

Details of your representative (if applicable)

If you are using a representative like a parent, guardian, lawyer or any other person who is acting on your behalf, please advise who they are. If you are completing this form as the applicant's representative, advise who you are.

Title: _____ First Name(s): _____ Surname: _____

Organisation (if applicable): _____

Email address: _____

Contact number(s): _____

Postal address: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Preferred contact method: _____

Relationship to applicant: _____

Your authority for representative to act (if applicable)

Please complete this section if a representative is assisting you with your request and attach a certified copy of your photo identification with this authority to act.

I give permission and authorisation for my representative to act on my behalf and have access to any information concerning my request.

Applicant

Representative

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Witness _____

Witness _____

Name: _____

Name: _____

Signature: _____

Signature: _____