

# Agent Authority Form

To: Australian Financial Complaints Authority  
 GPO Box 3 MELBOURNE VIC 3001

Complaint no: (if available)	
Complainant name:	
Business name: (if applicable)	

Please complete if you want to authorise another person to act on your behalf in relation to this complaint. If the complaint is being lodged by a business or association the form must be completed in accordance with any rules governing its internal management (e.g. a company's constitution may require all directors to sign).

The Australian Financial Complaints Authority provides an independent and free service. Where a complainant is charged to be represented this will usually be at the complainant's own cost. You can change or cancel this authority at any time by calling us on 1800 931 678.

**I/we authorise:**

First name		Title	
Family name			
Organisation name			
Relationship to you			
Postal address			
State		Postcode	
Daytime phone			
Email			

**To act on my/our behalf in relation to my/our complaint with:**

Financial firm	
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Please ensure you and your authorised person sign below

_____ Signature Complainant 1	_____ Signature Complainant 2	_____ Signature Representative
_____ Date	_____ Date	_____ Date