

Nominate Authorised Representative

Appointment of an Authorised Representative

If you wish to appoint an Authorised Representative to deal with Redfox Corporation Pty Ltd ("Redfox") on your behalf, please complete this form. Alternatively, you may provide Redfox with a letter or authorisation or other reasonable form of authorisation as may be reasonably required by Redfox.

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 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 (07) 4951 7777 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.

Please submit this form using one of the following methods:

Email: internet@redfoxcorp.com.au;

In Person: 31 Milton Street, Mackay QLD 4740

Via Post: 31 Milton Street, Mackay QLD 4740

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If you wish to appoint an Authorised Representative to deal with Redfox Corporation on your behalf, please complete the form below.

Section 1 - Account Holder Details

Account Number*

Account Holder Full Name*

First Name

Middle Name

Last Name

You must be the account holder to appoint an Authorised Representative.

Email

Section 2 - Authorised Representative

Authorised Representative Full Name*

First Name

Middle Name

Last Name

Phone

Email

Nominate Authorised Representative

Physical Address*

Street Address

Address Line 2

City

State

Post Code

Country

Date of Birth*

dd-MMM-yyyy

Section 3 - 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.

Options

Open / Close Account

Make changes to contract or plan

Add or remove other Authorised Representatives

Make changes to account details

Other

Section 4 - Declaration

Appointment Declaration*

I, _____ authorise Redfox Corporation to deal with the person nominated on this form as my Authorised Representative. I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. Redfox Corporation 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.

Nominate Authorised Representative

Account Holder Signature*

Date

dd-MMM-yyyy

Section 5 - Witness Declaration

Place Witnessed

Street Address

City

State

Witness's Capacity (i.e. JP, Police Officer, etc)

Witness's Full Name

Witness's Signature

Date

dd-MMM-yyyy