

# Appointment of Authorised Person Form - Credit Cards

Please mail the completed form to: Customer Service Team, GPO Box 40, Sydney, NSW 2001

\* denotes a mandatory field

## Customer Details

Name of Primary Card / Account Holder \*

Date \*

## Accounts Authorisation Applies To

Provide details of at least one account for which authorisation will be provided

Account Type \*

Account/Card Number \*

Account Type \*

Account/Card Number \*

## Authorisation Details (all fields are MANDATORY)

Please tick ONE of the following boxes (NOTE: If you do not make a selection, Enquiry Access only will be granted)\*

### Enquiry Access

This will permit the authorised person/s to:

- Obtain account details and transaction information and activity only (including additional card holders)
- Account Details: All information on file regarding your account excl Tax File Number
- Transaction Activity: All information regarding transactions, amounts, dates, merchant details

### Limited Access

Where applicable, this will permit the authorised person/s to:

- Make amendments to the account/s (update address, email address and phone number)
- Dispute Transactions
- Redeem Rewards
- Request a Payout Figure
- Request a reissue/replacement card
- Statement maintenance
- Frequency change
- Address change
- E-Statement opt in/opt out
- Marketing opt in/opt out
- Stop chequebook cheques (applicable only to Ready Credit and Personal Loan Plus)
- To act, negotiate and accept outcomes with complaint and hardship requests

## I authorise

Title \*

Surname \*

First Name \*

Middle Name (optional)

Relationship Type (please tick) \*

- Friend/Family     Financial Counsellor     Debt Management Service Provider  
 Other Authorised Agent    (e.g. Credit repair services, debt negotiation services)

Organisation name (if applicable)

Mother's Maiden Name (Friends/Family only) \*

Date of Birth \*

Mobile\*

Phone (other)

Nationality \*

Occupation \*

Residential Address \*(Cannot be PO Box)

Suburb \*

State \*

Country \*

Postcode \*

## to act as my agent to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information) about me and my accounts from National Australia Bank Limited (NAB) or any accounts managed by NAB
- Negotiate with NAB and enter into arrangements that are binding on me related to the account/s

- Act on my behalf until this authority is revoked by me in writing or via phone.

**NOTE:** If another individual (apart from the authorised person detailed above) is required to act as your agent (e.g. another financial counsellor within the same organisation), then this will require an additional authorisation form to be completed and submitted with their details.

## I understand that:

- Standard account notification (including account statements and other prescribed notices) will still be sent to me by NAB
- If an agreement is made, my written consent may be required;
- NAB will rely on the information provided
- NAB will rely on the declaration and privacy consent previously provided by me
- NAB will communicate with my appointed representative via telephone, letter and email as agreed which may be required
- NAB will deal with my appointed representative until I revoke the authority in writing or via phone
- If NAB are unable to contact my authorised person/s for a 14-day period, they will recommence contacting me as the primary account holder and remove the Authorised Person/s from it's system.

**NOTE:** NAB can refuse to deal with an authorised person/s if NAB reasonably believes the representative is not acting in the customer's best interests; or it is otherwise reasonable to do so in the circumstances. In such cases NAB will inform you as the customer directly and will suggest other free alternatives that may be available to you.

Signed Primary Card/Account Holder \*

Date \*

Signed Authorised Person \*

Date \*

Providers of debt management services must hold a credit licence with a debt management authorisation. If the authorised person/s acts as a debt management service provider (as indicated above) please provide

ASIC licence number

In completing this form you consent to us collecting your personal information so that we and your authorised party, can help with your financial difficulty or other issues. If the information is not complete or accurate this may impact our ability to assist you in this regard.

Our Privacy Policy tells you what we do with the personal information that you have provided. It also tells you how to access and correct information and how complaints can be made about a breach by us of the Australian Privacy Principles, Part IIIA of the Privacy Act or the Credit Reporting Privacy Code. Privacy Policies are available on our website.