


# Authority to Disclose and Maintain – Authorised Person

Please complete and return this form :

 Reply Paid 940, Melbourne, VIC 8060

 1300 369 905

## Account holder details

Full name

Title	First name (s)	Last name
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Card/ Account Number

## Authorised person (Must be at least 18 years of age)

Full name

Title	First name (s)	Last name
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Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Password (letters only)

## Level of authority

Please tick one of the options below

**Authority to disclose information only** – Permits authorised person to obtain account information and arrange for payments only

In accordance with section 21T of the Privacy Act 1988, I authorise:

- 1) The person nominated to request access to my personal information (including credit eligibility information) concerning my account; and
- 2) Wesfarmers Finance Pty Ltd (the "Credit Provider") to act on such request and to disclose to the nominated person such information related to my account.

**Authority to disclose information and maintain my account** – Permits authorised person to: obtain account information, act on my behalf including to negotiate with the credit provider and make legally binding decisions regarding the account, and undertake the additional activities listed in item 3.

In accordance with section 21T of the Privacy Act 1988, I authorise:

- 1) The person nominated to request access to my personal information (including credit eligibility information) concerning my Account,
- 2) The Credit Provider to act on such request and to disclose to and receive from the nominated person such information related to my account and
- 3) The person nominated to maintain my account, including to:
  - a) make a change of address or contact numbers; b) request the issue of a new card or activate a card on my account;
  - b) request changes to special promotion details; if incorrect, and d) request fee/charge reversal, if the details are incorrect.

## Account holder authorisation

Please ensure you (Account holder) inform the above authorised person that they will be asked to provide information (including the above) to enable us confirm that they are the party authorised to receive information relating to your account.

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by written notification to the Credit Provider with the termination being effective from the date written notification is received by Credit Provider.

Signature

Date

## Authorised person authorisation (must be at least 18 years of age)

I understand that the Credit Provider collects and uses the information provided about me to facilitate this authorisation. For further information on how the Credit Provider collects, uses, discloses and stores personal information including how I can access and seek correction of my personal information or complain about Credit Provider's handling of my personal information I can refer to the Credit Provider's Privacy Policy available at [www.colescreditcards.com.au/privacy](http://www.colescreditcards.com.au/privacy)

Signature

Date