

# Appointment of Authorised Person Form

Name of Primary Cardholder

Office Use ONLY

BDO code

Card Number

















## Section 1 - Type of Access

(Tick one - enquiry access only will be given unless you choose otherwise)

Enquiry Access

This will permit the Authorised Person to:  
 • Obtain Account information only  
 (including access to Account information of  
 any Additional Cardholder)

Limited Access

This will permit the Authorised Person to:

- Make amendments to the Account  
 (updates contact details etc)
- Dispute transactions
- Request a payout figure
- Change address, phone number  
 or email address
- Request a replacement card

- Request the reissue of a card
- Request Marketing opt out/opt in;
- Request eStatement opt in/opt out

Duration of Authority: This Authority commences immediately and continues until written notice of revocation of the authority is received.

## Section 2 - Details of New Authorised Person (ALL FIELDS ARE MANDATORY)

Title  Surname  Given Names

Existing Customer? Yes  No

Date of Birth  /  /  Mother's Maiden Name  Phone  (  )  Mobile

Nationality  Occupation

Residential Address

Suburb  State  Postcode

*Privacy Consent: By signing this form, the Authorised Person agrees that we may obtain, use and disclose their personal information for the purpose of this authorisation. We may provide the Authorised Person's personal information to related or selected third parties both of which may be in or outside Australia on a confidential basis for the purpose of providing administration or services in respect of this Account. This consent continues beyond the end of any credit obtained from us. For information about privacy please visit our website.*

X  /  /

Signature of Authorised Person

Date

## Section 3 - Primary Cardholder's Authorisation (ALL FIELDS ARE MANDATORY)

Title  Surname  Given Names

Date of Birth  /  /  Phone  (  )

X  /  /

Signature of Primary Cardholder

Date

**Please mail your completed form to GPO Box 40, Sydney, NSW 2001**