



Appointment of an Authorised Representative and/or Advocate

How to complete this form:

1. Read the information paper 'Authorised Representatives and Advocates';
2. Carefully complete the below form;
3. Take this form and proof of your identity (such as a Driver's Licence) to a witness as listed below;
4. Sign the form in the presence of the witness and;
5. Submit this form via:
 -  Post to Pentanet, 2/8 Corbusier Place, Balcatta WA 6021 or;
 -  Email to info@pentanet.com.au

To protect your privacy and security and to minimise the risk of fraud, we require you to submit this form as a signed original and witnessed by one of the following persons below:

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|  A Justice of the Peace; |  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; |
|  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 dentist; |
|  A solicitor or barrister; |  A pharmacist; |
|  A police officer; |  A medical practitioner; |
|  An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet; |  A chiropractor or a physiotherapist. |

If this is too difficult or inconvenient for you due to your circumstances, please call our Customer Service team on 08 9466 2670 and we will discuss alternative methods to accept the Appointment while protecting your interests.

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|----------------------|
| Date: |
| To: Pentanet Pty Ltd |
| My account number: |
| Account holder name: |

APPOINTMENT OF AN AUTHORISED REPRESENTATIVE AND/OR ADVOCATE

| | |
|---|---|
| I wish to appoint an: | <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Advocate |
| The full name of the person I appoint is: | |
| Their email address is: | |
| Their landline number is: | |
| Their mobile number is: | |
| Their physical address is: | |
| Their Driver's Licence number is: | |
| Limitations of the Authorised Representative's rights (specify anything that your Authorised Representative should NOT be allowed to do on your behalf. Complete if applicable) | <hr/> <hr/> <hr/> <hr/> |

MY APPOINTMENT & AUTHORITY

I authorise you to deal with the above person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this Appointment. I release you from any claim I might otherwise have against you, based on anything you do in reasonable reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when you contact any of the contact numbers/ addresses above. The appointment continues until I revoke it in writing.

My signature:

WITNESS CONFIRMATION

I confirm that the person signing above has produced evidence of their identity.

Signature of witness:

Name of witness:

Qualification of witness:

Address of witness: