

# Authorising a person or organisation to enquire or act on your behalf

1 Your name  
Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

2 Your date of birth

3 Your permanent address  
  
  
 Postcode

4 Your Centrelink payment type

5 Your Centrelink Reference Number  
 -  -  -

6 Is this authorisation for a person or organisation?  
**Tick ONE box only**  
Authorise a PERSON  *Go to next question*  
Authorise an ORGANISATION  *Go to 9*

7 Your authorised person's name  
Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

8 Your authorised person's date of birth  
 **Go to 10**

9 Your nominated organisation's details

Trading name of organisation  
  
This is the name of the organisation, not the contact person.  
The contact person can be identified below.

Business name of organisation  
**DMFS Financial Advisers Pty Ltd**

Australian Business Number (ABN)  
ABN is mandatory to access online services

**7 1 - 1 5 8 - 0 4 4 - 4 7 6**

Organisation Centrelink Reference Number  
**4 0 7 9 1 7 4 3 9 C**

Name of contact person  
**Mr David Mac Manus**

10 What is their relationship to you  
(e.g. father, sister, guardian, administrator, Public Trustee)?  
**Financial Adviser**

11 What are their contact details?  
Street address  
**8 / 350 Collins Street**  
**Melbourne**  
**VIC** Postcode **3000**

Postal address (if different to above)  
  
 Postcode

Phone number **( 04 ) 24616060** Fax number ( )

Email  
**david**  
**@ dmfsfinancial.com.au**



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**12** What is the arrangement you are authorising?

Read the **Notes** if you are not sure about which arrangement you wish to make. If you want to authorise a different person for each arrangement, **complete a separate form for each person.**

**Person Permitted to Enquire**  **Go to 15**

Authorises a person to make an enquiry only on your behalf

**Correspondence Nominee**  **Go to 14**

Authorises a person to enquire, act and make changes on your behalf

**Payment Nominee**  **Go to 13**

Authorises a person to receive your payments on your behalf

**BOTH Payment and Correspondence Nominee**  **Go to 13**

Authorises a person to enquire, act and make changes AND receive your payments on your behalf

**13** Give details of the nominee's account into which your Centrelink payments are to be paid

Direct credit is available in most countries outside of Australia if required. (Refer to page 3 of the **Notes** for more detail.)

Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

For organisations only – Group Institution Code (if applicable)

**14** What is the reason for making this arrangement?

Voluntary  **Go to next question**

Power of Attorney

Court, Tribunal, Guardianship or Administration Order

Please attach supporting documents.

**15** How long do you want this arrangement to last?

Indefinitely  **OR**

From  /  /  to  /  /

**16** Your authorisation

**If unable to sign, go to next question**

I authorise the person named on this form to deal with Centrelink on my behalf according to the arrangements shown on this form.

Your signature

Date

**17** Third party authorisation

The person signing this form on behalf of the customer cannot be a nominee authorised on this form, unless it is a court appointed arrangement.

You will need to provide evidence of the customer's inability to sign if it is not a court appointed arrangement.

Name of person signing on behalf of the customer

Relationship to customer

Address

Contact phone number

Signature of the person signing on behalf of the customer

Date

**Nominee**

**18** The nominee **MUST** provide a password to be used when contacting us. The password needs to have 4 to 12 letters or numbers. Please remember the password.

**19** Nominee's acceptance

**IMPORTANT INFORMATION:** Check to ensure that your personal and/or your organisation details are correct.

**I declare that:**

- I have read the **Notes** on page 2 and understand and accept the responsibilities and obligations for the arrangement for which I am authorised.

**I declare and accept that:**

- any personal information I am given access to under this arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- my appointment as a nominee under Commonwealth legislation may be revoked or suspended by the Department of Human Services should I not comply with my responsibilities and obligations.

Signature of the nominee

Date