

AGENT AUTHORITY

TO: Financial Ombudsman Service (FOS)
Banking & Finance division
GPO Box 3
MELBOURNE VIC 3001

TO: _____
(Name of financial services provider)

CASE NO:

I/We _____
(Full names of all disputants)

of _____

(Full postal address)

Tel. No. (____) _____

authorise _____
(Full name of agent)

of _____

(Full postal address)

Tel. No. (____) _____

to act on my/our behalf in relation to my/our dispute about: _____

(Name of financial services provider)

and hereby confirm that I/we:

1. Have received brochures entitled "How to Resolve Your Dispute" and "Managing Your Privacy";
2. Authorise my/our agent to disclose to FOS and _____
_____ (name of financial services provider) all documents and personal information provided in relation to the dispute;
3. Authorise FOS to disclose to _____
_____ (name of financial services provider) and my/our agent all documents and personal information provided in relation to the dispute;
4. Authorise _____
(name of financial services provider) to disclose to FOS and my/our agent all documents and personal information relevant to the dispute; and
5. Acknowledge that the information will be used and disclosed as necessary by FOS in any correspondence, Finding, Recommendation or Determination.

Signed: _____ Date: ____/____/____
Disputant

Signed: _____ Date: ____/____/____
Disputant

Signed: _____ Date: ____/____/____
Agent