

Appointment of Advocate or Authorised Representative



The Telecommunications Consumer protections Code (TCP Code) provides for Consumers to appoint an Advocate or Authorised Representative to act on their behalf, and this form will allow you to do that. Please:

- carefully read the Important Notes below;
- complete this form in full;
- take it with proof of your identity to a witness as indicated below;
- sign the form in the presence of a lawyer, doctor, pharmacist, Centrelink officer or member of the Police as witness; and
- post it to us at our postal address at the foot of this form, or scan and email it to accounts@skymesh.com.au.

Important Notes:

1. An "Advocate" whom you appoint can deal with us on your behalf (including making a complaint) but:
 - a. cannot change your account or services; and
 - b. cannot act on your behalf or access your information unless you are present and agree.
2. An "Authorised Representative" whom you appoint can deal with us on your behalf as your agent (including making a complaint) and:
 - a. If you give them limited rights, has only those rights including any limitations you specify on access to your information; and
 - b. Otherwise has the power to act and access information as if they are you.
3. If we are not clear whether you intend to appoint an Advocate or an Authorised Representative, we shall assume that you only intend to appoint an Advocate.
4. We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative for a customer. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer). We may need to have the documents checked before we can accept the appointment.
5. To protect your privacy and security, and to minimise the risk of fraud, our normal requirement is that this Appointment be submitted by post as a signed document, witnessed by a lawyer, doctor, pharmacist, Centrelink officer or member of Police. If this is too difficult or inconvenient for you, please call our Customer Service Team and we will talk with you about an alternative way to accept the Appointment while still protecting your interests.

Account Holder's Details (as per your current telephone bill)

Title (Please tick one) Mr Mrs Ms Dr Other

Surname

Given Names

Organisation Name and ABN or CAN (if applicable)

Current Billing Email Address

Phone Number

Business Hours

After Hours

Mobile

Carrier Billing Address (the physical or postal address on your Tax Invoices)

Suburb

State

Postcode

Advocate or Authorised Representative's Details

Title (Please tick one) Mr Mrs Ms Dr Other

Surname

Given Names

Date of Birth (used to confirm identity)

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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Email Address

Phone Number

Business Hours

After Hours

Mobile

Street Address

Suburb

State

Postcode

Limitation/s on the authority of Authorised Representative (if any)

Appointment and Authority

Advocate

Authorised Representative

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 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.

Signature of Account Holder

Name of Witness

Address of Witness

Qualification of Witness (Lawyer, doctor, pharmacist, etc)

Confirmation by Witness

I confirm that the person whose signature appears above has produced suitable evidence of their identity.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Witness	Day	Month	Year

Please post, or scan, and email the signed form to:
Skymesh Pty Ltd
ABN 62 113 609 439
Phone 1300 759 637
PO Box 255 51 Alfred Street - FORTITUDE VALLEY QLD 4006
www.skymesh.net.au
Email accounts@skymesh.com.au