

Letter of Authority Form

Use this form to nominate a representative to deal with the Australian Receivables Limited (ARL) on your behalf. Any nomination you make will continue indefinitely until you let us know in writing that it no longer applies. Nominating a new representative will cancel any previous nomination.

- Print clearly in BLOCK LETTERS using a black or dark blue pen.
- Complete all sections
- Send the completed, signed and dated copy to ARL PO Box 14390 Melbourne VIC 8001

Section A: Your details

Title: (Please circle one) Mr / Mrs / Miss / Ms / Other title: _____ Date of birth: _____ / _____ / _____
day month year

Full Name: _____
Family Name First Given Name Other given names

Address: _____

Suburb State/Territory Post Code

Daytime Phone Number: () _____

Email Address: _____

ARL Reference Number: _____

Client Name: _____

Client Reference Number: _____

Section B: Your Representative details

Title: (Please circle one) Mr / Mrs / Miss / Ms / Other title: _____ Date of birth: _____ / _____ / _____
day month year

Full Name: _____
Family Name First Given Name Other given names

Address: _____

Suburb State/Territory Post Code

Daytime Phone Number: () _____

Email Address: _____

Relationship to you: _____

Section C: Declaration

I declare that all the information I have given on this form is true and correct and I authorise ARL to deal with and disclose information to my representative on my behalf.

Signature: _____ Date: _____