

Agent Authority Form

Please complete this form if you want to authorise another person to act on your behalf in relation to this complaint.

If the complaint is in relation to:

- a multi-director company/organisation account, this form must be signed by at least two directors or a director and company secretary.
- a sole director company/organisation account, this form must be signed by: (i) the sole director and company secretary, or (ii) the sole director only, if there is no company secretary or the director is also the company secretary.

Important notes:

- Paid debt management firms must be accredited with an Australian Credit Licence.
- CBA may contact you directly to verify any information on this form.

Return to Group Customer Relations

Email to: customerrelations@cba.com.au

Post to: GPO Box 41, Sydney NSW 2001

Return to any CommBank Branch or email to Group Customer Relations

Complaint Reference (if known)

Customer name

Customer date of birth (if applicable)

Business name (if applicable)

Postal address

State

Postcode

I/We Authorise

Title Mr Mrs Miss Ms Other

First Name

Surname

Organisation/Company Name

Postal address

State

Postcode

Email address

Telephone number

To act on my/our behalf in relation to our complaint with the CommBank Group.

I/We understand that:

- This authority will remain in place for the duration of this complaint only and that I/we can cancel this authority at any time by contacting the complaint case manager directly or Group Customer Relations on the contact details above.
- This authority allows my/our representative to:
 - Seek and exchange personal information about me/us and my/our accounts (listed below where relevant) from CommBank; and
 - Negotiate and enter agreements with CommBank that are binding on me/us.

Accounts subject to this authority (Leave blank if not applicable)

#	Account Type	Account Number
1.		
2.		
3.		
4.		

Communication preferences

Customer written communication preferences:

I want to be copied into correspondence with my representative Yes No

If yes, then select your communication preference: Email Postal Letter

Representative written communication preference: Email Postal Letter

PLEASE ENSURE YOU AND YOUR AUTHORISED PERSON SIGN THIS FORM

For customer(s) to complete

- Complaints lodged on behalf of an individual customer must be signed by them.
- Complaints lodged on behalf of a company must be signed in accordance with section 127 of the Corporations Act 2001.

Applicant 1

Full name

Date (DD/MM/YYYY)

Applicant 2 (if applicable)

Full name

Date (DD/MM/YYYY)

Signature

Signature

Applicant 3 (if applicable)

Full name

Date (DD/MM/YYYY)

Applicant 4 (if applicable)

Full name

Date (DD/MM/YYYY)

Signature

Signature

For Authorised Person to complete

Acceptance of Authority

Authorised Person

Full name

Date (DD/MM/YYYY)

Signature

At the Commonwealth Bank, we take your privacy seriously. We collect and handle your personal information to enable us to contact and deal with you as our customer's Authorised Person in order to address this complaint and provide any further support that may be needed. Your personal information will be shared with our complaints specialist team and other teams within the Commonwealth Bank as necessary for these purposes. To find out more about how the Commonwealth Bank collects and handles your information, please visit our Privacy Policy at www.commbank.com.au/support/privacy

Commonwealth Bank of Australia ABN 48 123 123 124, AFSL and Australian credit licence 234945