



LETTER OF AUTHORITY

In accordance with section 18N (1) (ga) of the Privacy Act 1988, I authorise:

- Each of the persons nominated below to request access to information regarding my account(s) and or credit file and;
- _____ (name of creditor/entity) to act on such requests and to disclose information related to my account/s or credit file to the nominated persons.
- I also authorise _____ (name of creditor/entity) to direct any charges for the provision of such information to me or to add them to my account.

This authority remains in force until canceled by me. I understand that I may cancel this authority at any time by written notification to the above listed creditor/entity – termination being effective from the date written notification is received by the above listed creditor/entity.

Account / File Details					
My Account Number/s are:					
Client Details					
Mr/Mrs/Miss/Ms		Surname:			
		Given Name/s:			
My Address is:					
				Town/Suburb:	
State:		Postcode:		DOB / /19	
Signature:		X			
Date Signed:		/ /		DL Number:	

Nominated Person(s)			
Nominees	Date of Birth	Password	Signature

Name of Nominee:	MyCra
Address of Nominee/s:	PO Box 1134 STAFFORD QLD 4053
Phone Number of Nominee/s:	1300 667 239
Fax Number of Nominee/s:	1300 665 894
Email Address of Nominee/s	
Name of Nominee:	
Name of Nominee:	Princeville Properties
Address of Nominee/s:	PO Box 367, TERRIGAL NSW 2260
Phone Number of Nominee/s:	
Fax Number of Nominee/s:	
Email Address of Nominee/s	