Appointment of an Authorised Representative



If you wish to appoint an Authorised Representative to deal with us on your behalf, you can complete the form below and e-mail the completed form to accounts@connexus.com.au.

If you need assistance with appointing an Authorised Representative, please contact us on 1800 430 944 and we will be able to assist you with this process over the phone.

1. Important Information

When you appoint an Authorised Representative you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised Representative has the power to act and access information as if they were you. This includes making complaints, changing account details or terminating a service.

Only account holders can appoint an Authorised Representative. You can only appoint one Authorised Representative at any time. For security reasons we require you to submit the completed Authorised Representative Form to us as a signed original and witnessed by one of the following persons below:

- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- A Solicitor or Barrister;
- A Police Officer;

Vour details

- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees;
- A Dentist:
- A Pharmacist;
- A Medical Practitioner; or
- A Chiropractor or a Physiotherapist

2. Appointment of Authorised Representative

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Connexus Account Number	Business Name (e.g. Connexus Trading Pty Ltd):
Account holder's full name (e.g. Joe Bloggs) (note: you must be the account holder to appoint an	Authorised Representative)
"I wish to appoint the following person as	my Authorised Representative"
Authorised Representative's full name	Authorised Representative's date of birth (dd/mm/yyyy)
Authorised Representative's telephone number	Authorised Representative's email address (if applicable



3. Appointment Declaration	
1,	authorise Internex Services Australia Pty Ltd
acknowledge that I am responsible f in this Appointment. Internex Austra dealing with the Authorised Represe	ce) to deal with the above person as my Authorised Representative. I for all acts of my Authorised Representative within the authority as described alia Pty Ltd (trading as Connexus Internet Service) may assume that is entative if they identify themselves as such when contacted at any of the This appointment continues until I revoke it in writing."
Place	Date
	DD / MM / YYYY
Account holder's signature	
"· · · · · · · · · · · · · · · · · · ·	
	pove (account holder) has produced evidence of their identity."
Place	Date
	DD / MM / YYYY
Witness' signature	
Witness's full name	
Witness's capacity (JP, police office	r etc.)
Witness's address	

Please email the completed document to: accounts@connexus.com.au

