



THIRD PARTY AUTHORITY FORM

To: Insight Mercantile (ABN 46 076 197 941)

I/We refer to the Contract number(s) listed on next page.

I/We _____
(Print Name)

Of _____
(Print Residential Address)

[Customer 1 date of birth] _____

[Customer 2 (if applicable) date of birth] _____

[Customer contact number/s] (H)_____ (M) _____ (Other) _____

Authorise _____
(Print Authorised Party Name)

of _____
(Print Authorised Party Residential Address)

[Authorised party's Date of Birth] _____

[Authorised Party's contact number/s] (H)_____ (M)_____ (Other) _____

Select an option below by striking out option not relevant.

OPTION 1 To obtain access to all personal information, including credit information, held by Insight Mercantile pertaining to the current contracts listed on page 2 of this form;

OR

OPTION 2 Generally act as fully and effectively in all dealings, matters and transactions between me/us and Insight Mercantile P/L for all purposes as I/we could do if present personally, pertaining to the current contracts listed on page 2 of this form.

If you select Option 2, as part of the Insight Mercantile Customer Identification Process, the agent will also be required to provide the following supporting documents if they are to act on your behalf.

- A certified photocopy of the Agent's driver's licence (front & back)/passport which must have a current residential address (If not, a current certified copy Utility bill is also required)
- A certified photocopy of the agent's Medicare card or a certified copy of a debit / credit card in the name of the agent.



Contract Number(s)

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I/We request that that authority continues until (Please tick):

8.00pm EST on this date, the ___/___/_____ (Insert expiration date if applicable)

The date of completion of the above contract(s)

I provide a written request to Insight Mercantile to remove the authority

Privacy and Confidentiality Agreement

Insight Mercantile is collecting your and your agent’s personal information to enable Insight Mercantile to provide you with the service that you require. Without this information Insight Mercantile may not be able to do this. By signing this form, the customer and agent agree that Insight Mercantile is collecting your information in order to maintain and administer the contracts noted above. You may request access to your information by contacting Insight Mercantile on 1800 039 844. Access will be granted in accordance with the Privacy Act 1998. If any of your information is inaccurate, you may request that it be corrected.

Date: _____

Signed: _____
(Customer’s signature)

Signed _____
(Authorised Party’s signature)

Please return the completed authority to Insight Mercantile by way of fax, post or email as detailed below.

Authority for the nominated agent will be in place within 2 working days of Insight Mercantile receiving the completed request;

By Fax
(08) 9319 6667

OR

By Post
Insight Mercantile P/L
PO Box 111
Northbridge
Perth WA 6865

OR

By Email
info@insightmercantile.com