

Authorised Third Party Form

Shift Financial Pty Ltd ACN 149 390 625 & ACN 601 158 507, trading as **Shift Financial**, "Shift".

CUSTOMER INFORMATION

First Name

Last Name

Date of Birth

Registered Entity Name

ABN/ ACN

AUTHORISED THIRD PARTY'S DETAILS

Legal First Name

Legal Middle Name

Legal Last Name

Relationship to Customer

Date of Birth

Home Address

Mobile Number

City

State

Postcode

Email

DOCUMENTS

Please provide details for **2** of the following documents.

Driver's Licence

Licence Number

Card Number

Expiry Date

Medicare

Medicare Number

Individual Reference Number (IRN)

Expiry Date

Passport

Passport Number

Expiry Date

Form continues on page 2.

AUTHORITY

Please consent by ticking the following box.

As the signing Director, I confirm I have the approval from all Directors of the named entity to appoint this Authorised Third Party to the account.

I/we authorise

Authorised Third Party's name: to act as my/our agent to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information about my entity and its accounts) from Shift Financial.
- Provide all instructions relating to the above Entity including but not limited to withdrawals and enter into arrangements that are binding on the entity related to the account/s; and
- Act on my/our behalf until this authority is revoked.

I/we understand that:

- Standard account notification (including account statements and other prescribed notices) can still be sent to me/us by Shift Financial,
- If a subsequent agreement is made with the entity, my/our written consent may be required (where Shift Financial, deems this as necessary),
- Shift Financial, will rely on the information provided and the declaration and privacy consent previously provided by me/us to Shift Financial,
- Shift Financial will conduct identification checks of the Authorised Third Party and verify their identity with the document or official record holder.
- Shift Financial will communicate with my/our appointed representative via phone, letter, email or other forms of communication as agreed and which may be required.

This authority can be revoked by contacting Shift Financial on 1300 249 649 or at the address below.

SIGNATURES

Signed: **Customer**

Date

Print Name

Signed: **Authorised Third Party**

Date

Print Name

If you are a proposed authorised third party, we collect your personal information in order to be able to contact you as the account holder has requested. By signing this form, the proposed authorised third party has consented Shift to check the identifying information with the Issuer/Official record holder for the purpose of confirming their identity. If you do not provide the information we request, we may be unable to accept you as an authorised third party. Our privacy policy is available at www.shift.com.au/privacy-policy/. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Australian Privacy Principles or a registered privacy code and how we will deal with your complaint;
- how we collect, hold, use and disclose your personal information in more detail.

Return Details

contact@shift.com.au
Level 21, 177 Pacific Hwy,
North Sydney, NSW, 2060