

Agent authority



To: Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Dispute no.
(if available)

Applicant name

Business name
(if applicable)

Please complete if you want to authorise another person to act on your behalf in relation to this dispute with your financial services provider (FSP). If the dispute is being lodged by a business or association the form must be completed in accordance with any rules governing its internal management (eg a company's constitution may require all directors to sign).

The Financial Ombudsman Service Australia provides an independent and free service. Where an applicant is charged to be represented this will usually be at the applicant's own cost.

You can change or cancel this authority at any time by contacting us on 1800 367 287.

I/We authorise

Title (Mr/Mrs/Ms/Dr)

First name

Surname

of

Organisation/company

Full postal address

Suburb

State

Postcode

Email address

Telephone no.

Mobile

To act on my/our behalf in relation to my/our dispute with

Name of FSP

Please ensure you and your authorised person sign below

Signature
Applicant 1

Signature
Applicant 2

Signature
Authorised person

Date

Date

Date