

Office use only	
Primary Member Number	<input type="text"/>
Joint Member Number	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Third party authorisation

### Primary Member details

Title	<input type="text"/>				
Full name	<input type="text"/>				
Member number	<input type="text"/>	Account number	<input type="text"/>		
Current residential address	<input type="text"/>				
Town/suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>	Email	<input type="text"/>		

### Authorised representative details

Title	<input type="text"/>				
Full name	<input type="text"/>				
Company name	<input type="text"/>				
Address	<input type="text"/>				
Town/suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>	Email	<input type="text"/>		
<b>Signed</b>	<input type="text"/>				

### Privacy

The way in which Qudos Bank collects, uses and discloses your personal and sensitive information is described in the Qudos Bank Privacy Policy available at [www.qudosbank.com.au](http://www.qudosbank.com.au) or on request.

## Declaration and Authorisation

By signing this Third Party Authorisation Form, I:

- > Authorise Qudos Bank to discuss with the Authorised Representative nominated in section 2 my account(s) listed in section 1. This authority allows Qudos Bank and the Authorised representative to disclose details of the account(s), including, but not limited to, balances, fees and charges, interest, and transaction history.
- > Understand that this authority does not allow the Authorised Representative to change any of my details or carry out any transaction on any of my accounts on my behalf. The authority is an authority to discuss only. Any changes to my account(s) must be authorised by me and not my Authorised Representative.
- > Acknowledge that Qudos Bank is not responsible for any loss or/and liabilities which may result from Qudos Bank providing information to my Authorised Representative.
- > Agree to my information being used in accordance with Qudos Bank's Privacy Policy.
- > Acknowledge that I can revoke this Authority at any time by writing to Qudos Bank.

### Primary member

Name

Signed

Date

### Joint member (if applicable)

Name

Signed

Date

