



Appointment of Authorised Person/s Form

CUSTOMER DETAILS

Full Name:*

Date of Birth:*

 /

Address:*

ACCOUNTS AUTHORISATION APPLIES TO

Account Type:*

Account/Card Number:*

Account Type:*

Account/Card Number:*

AUTHORISATION DETAILS

An Authorised Person can be any of the following:

- Friend, Family, Colleague
- Financial Counsellor
- Authorised Agent (The name of the organisation that you are requesting to provide authorisation to.)

Enquiry Access:*

This will permit the Authorised Person/s to:

- Obtain Account details and transaction information and activity only (including additional cardholders)

Account Details: All information on file regarding your account, excl Tax File Number

Transaction Activity: All information regarding transactions, amount, dates merchant details.

Limited Access: This will permit the Authorised Person/s to:

- Make amendments to the Account/s (updates contact details etc)
- Dispute transactions
- Redeem rewards
- Request a payout figure
- Change address, phone number or email address
- Request a reissue/replacement card

- Statement maintenance
 - Frequency change
 - Change address
 - E-statement opt in/opt out
- Marketing opt in/opt out
- Stop chequebook cheques (applicable only to Ready Credit and Personal Loan Plus)
- To act, negotiate and accept outcomes with Complaint & Hardship Requests

I/we authorise

Authorised Person/s:*(Please Circle Appropriate Option)

Authorised Person/s:*(Please Circle Appropriate Option)

Relationship Type or Organisation/Agency Name:

Mothers Maiden Name (Not Required for Financial Counsellors or Authorised Agents)

Date of Birth

 /

Occupation

Address

Email:

Phone:*

Start Date:*

 /

End Date:

 /

or any other financial counsellor within the organisation to act as my/our agent to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information) about me and my accounts from Citigroup Pty Ltd (Citigroup) or any accounts managed by Citigroup
- Negotiate with Citigroup and enter into arrangements that are binding on me/us related to the account/s
- Act on my behalf until this authority is revoked or comes to an expiry as per the End Date provided above

I/we understand that:

- Standard account notification (including account statements and other prescribed notices) will still be sent to me/us by Citigroup
- If an agreement is made, my/our written consent may be required;
- Citigroup will rely on the information provided
- Citigroup will rely on the declaration and privacy consent previously provided by me/us
- Citigroup will communicate with my/our appointed representative via telephone, letter and email as agreed which may be required; Unless the end date provided above has been met
- Citigroup will deal with my/our appointed representative until I advise Citigroup that I request to have the authority revoked by in writing or telephone
- If Citigroup are unable to contact your authority within a 14day period, we will recommence contacting the primary account holder by in writing or telephone and remove the Authorised Person/s from our system

Signed: Customer

 /

Date:

Signed: Authorised Person/Financial Counsellor/Agent

 /

Date:

Financial Counsellor Registration Number:*

In completing this form, you consent to Citigroup collecting your personal information so that Citigroup & your Authorised party, can help with your financial difficulty or other issues. If the information is not complete or accurate this may affect the ability of Citigroup to assist you in this regard.

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*denotes a mandatory field