

Third Party Authority Form

NOTE: DOWNLOAD AND SAVE FORM TO YOUR DESKTOP BEFORE FILLING OUT

Fill in this form to authorise another person (Representative) to deal with Bluestone Group Pty Ltd ("Bluestone") on your behalf.

I/we acknowledge and authorise Bluestone, its officers, employees, servants, agents, related entities and subsidiaries to disclose and/or discuss my/our personal and credit information with the person nominated under this Authority below.

Bluestone will take reasonable steps to protect your personal information from unauthorised access in accordance with the Privacy Act 1988. View our Privacy Policy at bluestone.com.au or call 13 25 83 to find out more

Bluestone Customer/s

CUSTOMER 1

Full name		Date of birth
Account number/s		
Address		Postcode
Suburb		State

CUSTOMER 2

Full name		Date of birth
Account number/s		
Address		Postcode
Suburb		State

Representative Details

Name of Representative		Date of birth
Address of Representative		Postcode
Suburb		State
Email		
Relationship to Customer/s		Contact Number

Authorisation

I/we hereby authorise our/my Representative nominated above:

To receive and access information concerning my/our account only (i.e general enquiries);

or

To receive and access information concerning my/our account and to administer the account as I/we can including:

- I. Make changes to and update my/our contact information;
- II. Transact (including direct debit changes and requesting statements)

Duration of Authority

This authority can be terminated at any time by written request to Bluestone. This authority will remain in force until such time as it is terminated. Termination will take effect on the date Bluestone receives notification.

Declaration by Bluestone Customer

I/we acknowledge and agree with Bluestone's Privacy Policy and will communicate information contained therein to the Representative nominated in this form. I/we hereby release, discharge and agree to indemnify Bluestone and the Lender of record from all actions, suits, proceedings, demands and claims arising out of this release of information to, and changes authorised by, the Representative named within this Authority.

I/we declare the information that I/we have provided is correct. I/we understand there are penalties for giving false or misleading information.

CUSTOMER 1

CUSTOMER 2

Signature

Signature

Date

Date

Declaration by Representative

I declare the information that I have provided is correct in accepting this right to act on behalf of the Bluestone Customer when dealing with Bluestone. I acknowledge and agree with Bluestone's Privacy Policy. I understand there are penalties for giving false or misleading information

Representative's signature:

Date:

Return this form to us by:

Email: customerservice@bluestone.com.au

Post: PO Box 1136. QVB Post Shop. NSW 1230

Fax: 1300 661 644