

AUTHORISATION FORM

SECTION A: I wish to nominate

My partner

Other (Please specify relationship to member) _____

SECTION B: Policyholder Details

Membership Number	
Surname	
Given Names	
Date of birth	
Postal Address	
Phone number	

SECTION C: Policyholder Declaration

I acknowledge and understand that by nominating the authorised person, as named in Section D, that they have the same rights and obligations as myself to access information in relation to this policy.

The authorised person may also change details and make claims on behalf of any person covered by this policy.

I acknowledge and understand that they are unable to cancel, add or remove a member other than themselves from this policy and I remain responsible for my policy and for the actions of the authorised person and do so at my own risk.

Policy holders signature	Date
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SECTION D: Authorised person's details

Surname	
Given Names	
Date of birth	
Postal Address	
Phone number	

SECTION E: Authorised person's signature

I acknowledge and understand that by signing this form, I have the same rights and obligations as the policyholder to access information in relation to this policy. I may also change details and make claims on behalf of any person covered by this policy

I acknowledge and understand that I am unable to cancel, add or remove a member other than myself from this policy.

Authorised person's signature	Date
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