





AUTHORITY FORM

How to nominate an Authorised Person: As a customer, you may wish to have someone else act on your behalf when dealing with us in relation to your Account. This form allows you to nominate another person (Authorised Person) with authority to deal with us on your behalf in relation to the Account(s) you have specified below without reference to you.

Tick next to the Account(s) that you wish to add the nominated person as an Authorised Person. Enter your Customer ID or Account Number in the boxes provided.

<input type="checkbox"/>  Q Mastercard® Customer ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>  Q Card Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>  Flight Centre Mastercard® Customer ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>  Farmers Finance Card Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>  Farmers Mastercard® Customer ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Your Details

Title: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. <input type="radio"/> Other:		Date of Birth:
First Name(s):	Surname:	
Address (Unit/Street number/Street name):		
Town/City:	Postcode:	
Phone:	Email:	

Authorised Person Details

Please provide the details of the person who will act on your behalf

Title: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. <input type="radio"/> Other:		Date of Birth:
First Name(s):	Surname:	
Address (Unit/Street number/Street name):		
Town/City:	Postcode:	
Phone:	Relationship to you:	
Email:		
_____ Signature (Authorised Person)		_____ Date

The authorised person may be required to provide information (including the above) to verify that they are the person you have nominated. The authorised person will have the ability to request Account information relating to the selected Account(s) on your behalf. **Please note: A authorised person does not have authority to maintain your Account(s); with the exception of placing a card on hold if lost/stolen.**

The Terms and Conditions for use of your card including the Privacy Statement, apply to this authority form and the authorised person.

Declaration

I authorise the person nominated above to access information concerning my Account(s). I understand this authority will remain effective until such time I wish to terminate this authority. Termination of this authority can be requested at any time by emailing or phoning Customer Services.

_____ Signature	_____ Date
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Please note the form must be signed by you to be effective.