

AUTHORISATION LETTER

To Whom It May Concern:

I, the undersigned, hereby authorise the individual named below to act on my behalf with full authority to undertake the actions specified within this letter in accordance with Australian law. This authorisation includes, but is not limited to, the execution of documents, submission of applications, collection of information, and any other acts necessary to fulfil the authorised purposes.

Authoriser Information:

Full Name: _____

Australian Government ID Number (e.g. Passport or Driver License): _____

Address: _____

Phone/Email: _____

Authorised Representative Information:

Full Name: _____

Australian Government ID Number (e.g. Passport or Driver License): _____

Address: _____

Phone/Email: _____

Authorisation Details:

The Authorised Representative is empowered to undertake all necessary actions related to the following matters on my behalf:

- Signing and submitting all documents and forms required by Australian government agencies, financial institutions, or any third parties relevant to the specified purposes.
- Collecting, receiving, and providing any documents, information, or correspondence.
- Engaging with relevant entities for enquiries, clarifications, or follow-ups.
- Performing any other acts necessary to complete the authorised tasks in accordance with applicable laws and regulations.

Duration and Revocation:

This authorisation commences immediately upon signing and remains effective until expressly revoked in writing by the Authoriser. Any revocation shall be communicated directly to the Authorised Representative and any relevant third parties to whom this authorisation has been presented.

Limitations and Conditions:

This authorisation does not permit the Authorised Representative to delegate these powers further without explicit written consent from the Authoriser. The Authorised Representative must act in good faith and in the best interests of the Authoriser. This letter is governed by and construed in accordance with the laws of Australia.

Indemnity:

The Authoriser agrees to indemnify and hold harmless the Authorised Representative against any claims, losses, or damages arising from actions taken in good faith and within the scope of this authorisation.

AUTHORISER'S SIGNATURE

Full Name:

Signature: _____

Date: _____

Address:

Phone/Email:

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Full Name:

Signature: _____

Date: _____

Address:

Phone/Email:

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