

THIRD PARTY AUTHORITY FORM

This form authorises Tidswell Financial to provide information about your account(s) to your nominated Authorised Representative. Please print clearly in the spaces provided using CAPITAL letters and black or blue pen. Place a tick (✓) in any applicable boxes.

1. Personal details

| | |
|----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Account holder 1 full name | Date of birth |
| <input type="text"/> | <input type="text"/> |
| Account holder 2 full name | Date of birth |

2. Account details

I wish to provide information for all of my accounts

OR

Account name & number(s)

3. Authorised representative details

Accountant Financial Planner Solicitor Other (please specify) _____

 Company Name (if applicable)

I wish to provide information to all employees of the above listed company

OR

List the full names of the authorised representative(s) below:

4. Authorised representative contact details

 Business address

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb | State | Postcode |

 Postal address (if different to business address)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb | State | Postcode |

| | |
|---------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Contact number (business hours) | Email address |

5. Declaration and authorisation

I/We declare that I/we:

- authorise Tidswell to provide the Authorised Representative nominated in section 3 with details of my/our account(s) as listed in section 2;
- understand that this authority does not allow the Authorised Representative to change my/our details or carry out any transactions on my/our behalf;
- acknowledge that Tidswell is not responsible for any loss or/and liabilities which may result from Tidswell providing information to my/our Authorised Representative;
- agree to my/our information being used in accordance with Tidswell's Privacy Policy; and
- acknowledge that I/we can revoke this Authority at any time by writing to Tidswell.

Account holder 1

Signature

Full name

Date

Account holder 2 (if applicable)

Signature

Full name

Date

This authority will remain in force until revoked in writing, please complete the date below if you wish to limit the duration of this authority.

This Third Party Authority is valid until:

How to contact us

Please return your completed Third Party Authority Form to:

Post: Tidswell Financial
50 Hindmarsh Square
ADELAIDE SA 5000

Email: mail@tidswell.com.au

If you require any assistance, please contact Tidswell Financial on (08) 8223 1676.

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.