## Appointment of Authorised Representative Customer Consent Form



## Please return this form to:

Synergy GPO Box K856, Perth WA 6842 or fax (08) 9221 4628

In this form:

- the Customer means the person(s) named as such below, having one or more electricity supply accounts with Synergy. If a Customer has multiple electricity supply accounts with Synergy, the Customer must nominate on this form each electricity supply account and the associated premises to which the authority and consent in this form relate to;
- the authorised representative means the person the Customer is, by completing this form, authorising to act on the Customer's behalf in relation to the supply of electricity to the Customer under the Standard Electricity Agreement with Synergy;
- a reference to a **person** includes, but is not limited to, an individual, a public body, a company, or an association or body of persons, corporate or unincorporated;
- **premises** means each address to which electricity is or will be supplied to the Customer under the Standard Electricity Agreement with Synergy; and
- Synergy means Electricity Generation and Retail Corporation trading as Synergy ABN 58 673 830 106.

Customer details, authorisation of authorised representative and consents etc.

Customer name			
Customer address			
ABN/ACN (if applicable)			
I/We now appoint and authorise the relation to the supply of electricity to			
(start date) to		(end date)	date unknown
*The authorised representative appointment Synergy first receives that notice) and conting form (or any later date when Synergy first re- termination of appointment of their authorise the date in which the applicant subsequent. An authorised representative appointment states	eceives that notice of termination). In the eve sed representative at the time of that appoin ly notifies Synergy to terminate the appointr	r termination of appo ent the applicant has ntment then the date ment of its authorised	pintment specified in this not specified a date for e of termination will be d representative.
Account name	Physical address of premises	Accou	unt number
	entative nominated in this application and Electricity Agreement (found or	•	

I/We also consent to *Synergy* releasing all and any information requested by my/our *authorised representative* from time to time in relation to the supply of electricity at the *premises* to my/our *authorised representative*.

I/We acknowledge and agree consistent with clause 25.6 of Synergy's Standard Electricity Agreement, that my/our *authorised representative* may enter into legally binding arrangements with *Synergy* on my/our behalf in relation to the supply of electricity to me/us at the *premises* including but not limited to contract establishment, liability for payment and contract termination and that my/our *authorised representative* does

not act for Synergy and is not authorised, at any time, by Synergy to act for, or on behalf of, Synergy.



For further details on the matters an authorised representative can act on your behalf, visit: synergy.net.au/AuthorisedRepresentative

(1 ICAGC CICK DOX.)	
Executed by the Customer:	
Customer's signature*	
Date	
	erson signing must be duly authorised by the Customer to sign this form and must
Name of each person signing this form	for the Customer
Daytime contact no.	Mobile
Email	
Authorised representative detail	
Authorised representative name	
4 D 1 / 4 O 1 / 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
I/We understand, acknowledge and ag  • I/We accept the above appointment	ree that by signing this form: t and authorisation by the Customer in accordance with its terms; and
right of the authorised representative representative and any notice, cons	representative then we are jointly and individually able to exercise any we and jointly and individually liable for any obligation of the authorised ent, licence, permission, authority, receipt or other communication r received by any one of us from Synergy, is deemed to be given or of us.
Executed by the authorised representa	tive:
Authorised representative's signature	e*
Date	
	ntative, the person signing must be duly authorised by the authorised representative to
Name of each person signing this form f	for the Authorised representative
Daytime contact no.	Mobile
Email	

I/We do not consent to Synergy contacting me/us regarding any promotional or marketing activities.

## **Collection of Information Notice**

To assist us to provide you with services, we need to collect personal and credit information about you. We may disclose this information to other parties (who may be located overseas), including third party providers, and to external agencies as described in our privacy policy, and may also use your personal information for direct marketing purposes. Our privacy policy explains what information we collect and why we collect it, how we use that information, who we work with, and the countries where those recipients may be located. This policy also explains your rights to access and correct any information we store about you, how to make a privacy complaint and how to opt out of receiving direct marketing. Our privacy policy is available at synergy.net.au/privacy or by calling us on 13 13 53 for residential customers or 13 13 54 for business customers.