



Authority to Act

Use this form to nominate and authorise someone else to act on your behalf for your interactions with the *Talk – Meet – Resolve* service.

My details

My full name is: _____

My email address is: _____

My phone number is: _____

My TMR Number (if assigned) is _____

My nominated person

I nominate this person: _____

Their email address is: _____

Their daytime phone number is: _____

Their mobile phone number is: _____

Their physical address is:

My declaration

- I authorise Talk – Meet – Resolve and any appointed conciliator to act on the instructions of my nominated person.
- I understand that Talk – Meet – Resolve and any appointed conciliator is not responsible for any actions of my nominated person using this authority.
- I understand that this authority comes into effect from the date Talk – Meet – Resolve receives this form
- I understand that I am giving my nominated person authority to access my information by telephone, email and post

I understand I can write to or call Talk – Meet – Resolve at any time to cancel this authority, and Talk – Meet – Resolve will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by Talk – Meet – Resolve.

_____	_____	_____
My printed name	My Signature	Date

_____	_____	_____
Nominated person name	Nominated person signature	Date