

Appointing a Representative

Appointment of an Authorised Representative or Advocate

As a Customer of Hyperwave, you may appoint another person to engage with Hyperwave on your behalf if you require. We balance this request with protections against fraud and our information privacy requirements.

If you appoint an "Authorised Representative":

- The person appointed has the power to act on behalf of the account holder, as if they are the account holder, or up to whatever limits the account holder has placed on the appointed person
- We will keep records of the request
- The person appointed may not request to close the account or remove the personal / contact details of the account holder, unless given account holder approval

If you appoint an "Advocate":

- We will use this person to facilitate communications with you
- We will presume this person is not authorised to establish or make changes to your account or Telecommunications Services, unless your person appointed is also your Authorised Representative
- The person appointed has no power to act on your behalf, and has no access to your information without you being present and agreeing to such action

We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative for a customer. You will need to forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer).

We will only appoint a person after obtaining account holder permission.

This will involve producing relevant identification and having the identification sighted by an approved person. Please see the form on the following page for further information.

We may need to have documents checked before we can accept an appointment.

We will presume you are appointing an Advocate unless otherwise advised.

For the protection of your account you will need to have your ID witnessed by one of the following:

A Justice of the Peace; An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership; A Solicitor or Barrister; A Police Officer; An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet; An officer with, or authorised representative of, a holder of an Australia Financial Services Licence, having 2 or more continuous years of service with one or more licensees; A Dentist; A Pharmacist; A Medical Practitioner; A Chiropractor or a Physiotherapist.

Once you have completed the form and had your ID witnessed, please sign and date this form and return to :
Hyperwave Customer Service
PO Box 354, Rosanna, Victoria, 3084.

Your details

Account Number	
Surname	
First name	
Date of birth	
Service address (physical)	
Your address (physical)	
Your postal address	
Your photo ID type (e.g. drivers licence)	
Your photo ID number	
Mobile number	
Work phone number	
Home phone number	
Email address	

Appointed person's details

Surname	
First name	
Date of birth	
Address (physical)	
Postal address	
Mobile number	
Work phone number	
Home phone number	
Email address	
Limitations (specify what your representative CANNOT do)	

Signature : _____

Name: _____

Date : _____