

# Nomination of New Third Party Authority Form



M2 Commander Pty Ltd ABN 85 136 950 082 Level 10, 452 Flinders Street, Melbourne, VIC 3000

Fax: 1300 555 928 [www.commander.com](http://www.commander.com)

All enquiries 132 777 [info@commander.com](mailto:info@commander.com)

As a valued M2 Commander customer we take the security of your account very seriously. We will only allow access to your account to nominated representatives. Please use the application below to nominate representatives and specify the level of access you wish to grant.

Additional copies of this nomination form can be found on [www.commander.com.au](http://www.commander.com.au).

Please note that you must promptly notify us of any changes to your nominated representatives to ensure your account remains secure.

## Customer Details

Account number:	
Nominated password (4-8 Characters):	
I authorise the nominated individual/s below to have the following access level on the account;	
<ul style="list-style-type: none"><li>• <input type="checkbox"/> Full authority to request additional services / cancel existing services (these changes may incur charges that you accept)</li><li>• <input type="checkbox"/> Make enquiries on the account (e.g. request current bill information, general account detail)</li><li>• <input type="checkbox"/> Request rate plan changes on all services</li></ul>	
Customer name:	Signature:
Position:	Date:     /     /

## Nominated Representative

This section to be completed by the customer

Name of representative 1 (full name including title):	
Position of representative 1:	
Date Of Birth:	/     /
Name of representative 2 (full name including title):	
Position of representative 2:	
Date Of Birth:	/     /
Name of representative 3 (full name including title):	
Position of representative 3:	
Date Of Birth:	/     /
Nomination authorisation (signature of customer):	

## Removal of Authority

I wish to remove authority for (name of present representative):	
Has ceased/will cease to be our representative:	From Date:     /     /
Removal authorisation (Signature of customer):	

Please return the completed form to one of the following:

**Email:** [customerservice@commander.com](mailto:customerservice@commander.com)

**Fax:** 1300 666 639

**Post:** Reply Paid 2038  
GPO Box 2039  
Hobart 7000

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