

# Third Party Authority

Optional authority for someone else to represent you in discussing your complaint with COSL.

## Main Complainant

## Second Complainant

I/We:

authorise:

to act on my behalf in this matter.

## Contact Details

Contact Name

Company Name

Address

State

Post Code

Business

Facsimile

Email

You acknowledge and agree that by signing this authority, you authorise us to disclose any information relevant to your complaint to the person you have authorised to represent you.

## Main Complainant

## Second Complainant

Signature

Signature

Date

Date

## NOTE

*All correspondence will be with the person you have nominated above.*

*If we cannot get in contact with the person you have nominated above then we will contact you using your preferred contact method.*

