Authorised Third Party Form for Collections





CUSTOM	ER DETAILS				
Customer 1			Customer 2 (if applicable)		
Full Name			Full Name		
Address			Address		
Date of Birth			Date of Birth		
ACCOUN	T DETAILS				
		omer number is required to lir		er here)	
Account Number		Account Type			
AUTHOR	ISED THIRD PARTY'	S DETAILS			
Full Name			Company Name/ Relationship		
email			Preferred Contact No	0	
Postal Address					
AUTHOR	ITY				
//we auth	norise				
Authorised T	hird Party's name				to act as my/our agent
Westpac;NegotiateAct on my		ion (including information related to s that are binding on me/us related revoked.		ensitive information ab	out me and my accounts) fro
Standard aIf an agreeWestpac v	account notification (including thement is made, my/our written will rely on the information provill communicate with my/ou	ng account statements and other pen consent may be required; rovided and the declaration and pur appointed representative via ph	rivacy consent previously pro	vided by me/us to We	estpac;
		acting Westpac on 132 668 or at	the address below.		
Signed: Cust	comer 1			Date	
Signed: Customer 2 (if applicable)				Date	
Signed: Authorised Third Party				Date	

If you are a proposed authorised third party, we collect your personal information in order to be able to contact you as the account holder has requested. If you do not provide the information we request, we may be unable to accept you as an authorised third party. Our privacy policy is available at www. westpac.com.au/privacy/privacy-policy/. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Australian Privacy Principles or a registered privacy code and how we will deal with your complaint;
- how we collect, hold, use and disclose your personal information in more detail.

Return Details: GPO Box 1400, Adelaide SA 5001 collections@westpac.com.au