

# AUTHORISATION OF A REPRESENTATIVE – BUSINESS

FOR BUSINESSES (INC. NON- PROFIT ORGANISATIONS) WITH A COMPLAINT TO THE TIO

## Please read this information first:

### Who should complete this form?

An individual with authority to make decisions for the business and appoint another person to act on behalf of the business.

If you are a sole trader please complete the TIO's form, [Authorisation of a representative – Individuals](#).

Individuals with the following roles will generally be required to provide authorisation:

- A director of a company
- A partner in a partnership
- An office holder of an association or club, e.g. a club President or Secretary.

If you are authorised to make decisions for the business but do not fall into one of the above categories, please contact the TIO before completing this form.

### What is the effect of signing this form?

It authorises someone to represent the business in relation to the complaint to the TIO.

## Complaint details:

TIO complaint reference number	<input type="text"/>	Service account number	<input type="text"/>
Name of service provider the complaint is about	<input type="text"/>		
Account holder	<input type="text"/> <i>e.g. XYZ Pty Ltd</i>		
The complaint is about this service(s)	<input type="checkbox"/> landline	<input type="text"/> <i>service ID, i.e. telephone number</i>	
	<input type="checkbox"/> mobile	<input type="text"/> <i>service ID, i.e. telephone number</i>	
	<input type="checkbox"/> internet	<input type="text"/> <i>service ID, i.e. user name</i>	
	<input type="checkbox"/> other	<input type="text"/> <i>e.g. order number or address where service is or will be located</i>	

## Business details:

Business name	<input type="text"/>		
Trading name	<input type="text"/> <i>if different</i>		
ABN/ACN	<input type="text"/>		
Business postal address	<input type="text"/>		
	Suburb	State	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business phone number	<input type="text"/>		
Type of business	<input type="checkbox"/> Partnership		
	<input type="checkbox"/> Company/Corporate Trustee		
	<input type="checkbox"/> Association or club		
	<input type="checkbox"/> Other	<input type="text"/> <i>please specify</i>	

*If you are a sole trader and would like to nominate a representative, please complete the TIO's form, [Authorisation of a representative – Individuals](#).*

## Person with authority to make decisions for the business:

Full name of authorised person	<input type="text"/> <i>Mr/Mrs/Ms/Miss</i>
Role in the business	<input type="checkbox"/> I am a director of the company
	<input type="checkbox"/> I am a partner in the partnership
	<input type="checkbox"/> I am an office holder of the association or club (for example, the club President or Secretary)

*Contact the TIO if you are authorised but do not fall within the listed categories. Further information may be required.*

*More information needed on the next page*

# Telecommunications Industry Ombudsman

## AUTHORISATION OF A REPRESENTATIVE – BUSINESS *continued*

### Person with authority to make decisions for the business (*continued*):

Phone number (main contact)	<input type="text"/>	Phone number (alternative contact)	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

### Representative's details (*if applicable*):

Representative's full name	<input type="text" value="Mr/Mrs/Ms/Miss"/>		
Title or Organisation	<input type="text" value="e.g. secretary, accountant, financial counselling agency, law firm, credit repair agency"/>		
Phone number (main contact)	<input type="text"/>	Phone number (alternative contact)	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

### Signing section:

I have authority to:

- make decisions for the business, and
- appoint a representative to act on behalf of the business in relation to the business's complaint to the Telecommunications Industry Ombudsman (TIO).

I authorise the TIO and the business's service provider to deal with the representative in all matters relating to this TIO complaint.

I understand that the TIO's Privacy Policy ([www.tio.com.au/privacy](http://www.tio.com.au/privacy)) explains how the TIO collects, handles and protects personal information.

I accept that information about the business, this complaint and personal information of individuals representing the business (that may include sensitive information such as health information) may be provided:

- by the representative to the TIO and the service provider
- by the TIO to the representative and the service provider
- by the service provider to the TIO and the representative.

I confirm that the TIO and the service provider can contact the representative to discuss the resolution of this complaint.

Print name

Signature of person with authority (e.g. director)

Date

#### Please return this completed form to:

**Telecommunications Industry Ombudsman Limited**

**Post:** PO Box 276, Collins Street West VIC 8007

**Fax:** 1800 630 614      **Email:** [tio@tio.com.au](mailto:tio@tio.com.au)

**Freecall:** 1800 062 058 (Calls from mobiles will be charged at the applicable rates. If you are calling from a mobile, you can ask us to call you back.)

**TTY** 1800 675 692

**National Relay Service:** [www.relayservice.com.au](http://www.relayservice.com.au) or call on 1800 555 677 then enter/ask for 1800 062 058