

Authority to Act

TO WHOM IT MAY CONCERN

I/We (print full name)..... Date of
Birth.....

and..... Date of
Birth.....

I/We hereby state that the Advocate and/or authorised person of **FREE PUBLIC ADVOCACY SERVICE** have permission to discuss my/our affairs, where necessary, with our creditors or any other person dealt with on my/our behalf.

I/We authorise any creditor, organisation, department, service or person involved in my/our affairs to give any personal information pertaining to my/our affairs to my Advocate and/or authorised person of **FREE PUBLIC ADVOCACY SERVICE** as requested.

This authority is given under Principle 11 of the Privacy Act 2020 for the lawful disclosure of personal information about myself.

I have discussed this with my Advocate and/or authorised person of **FREE PUBLIC ADVOCACY SERVICE** and understand its meaning.

Signed (client/s).....
Date.....

.....

Client/s email.....

Advocate and/or authorised person of **FREE PUBLIC ADVOCACY SERVICE**.....

Position.....

Phone: 022 562 9845 Email: freepublicadvocacvservice@amail.com