

THIRD PARTY AUTHORISATION FORM

This form must be completed where you wish to authorise a third party (eg. spouse or financial adviser) to have access to your salary package details, request documentation on your behalf and discuss with Southgate any aspect of your salary packaging arrangement managed by Southgate Salary Packaging Services.

Authorised third parties CANNOT make any alterations to your salary package and CANNOT sign any forms or declarations on your behalf. You are not obliged to authorise a third party; however Southgate, cannot discuss your salary packaging arrangement with any person other than yourself, your employer and any third party you have authorised using this form.

EMPLOYEE DETAILS						
Title			Date of B	irth		
Given Name			Surname			
Residential Address			'	'		
Suburb		State		Post	code	
Employer				·		
THIRD PARTY DETAI	LS (Authorised F	Person 1)				
Title		Re	lationship			
Given Name		Su	rname			
Residential Address						
Suburb		Sta	ite		Postco	de
			none (Work / Mobile)			
Phone (Home)		Ph	one (Work	Mobile)		
			one (Work /	Mobile)		
THIRD PARTY DETAI	LS (Authorised F	Person 2)		Mobile)		
	LS (Authorised F	Person 2)	one (Work /	/ Mobile)		
THIRD PARTY DETAI	LS (Authorised F	Person 2)		/ Mobile)		
THIRD PARTY DETAI	LS (Authorised F	Person 2)	lationship	/ Mobile)		
THIRD PARTY DETAI Title Given Name	LS (Authorised F	Person 2)	lationship	/ Mobile)	Postcoo	de
THIRD PARTY DETAI Title Given Name Residential Address	LS (Authorised F	Person 2) Re Su	lationship		Postcoo	de
THIRD PARTY DETAI Title Given Name Residential Address Suburb Phone (Home)		Person 2) Re Su	lationship rname		Postcod	de
THIRD PARTY DETAI Title Given Name Residential Address Suburb Phone (Home) EMPLOYEE DECLAR	ATION	Person 2) Re Su Sta	lationship rname nte	/Mobile)		
THIRD PARTY DETAI Title Given Name Residential Address Suburb Phone (Home)	ATION named above to liaisise Southgate Salar	Person 2) Re Su Sta Ph se with Southgate on	name nte my behalf,	(Mobile)	my salary	packaging
THIRD PARTY DETAI Title Given Name Residential Address Suburb Phone (Home) EMPLOYEE DECLAR I authorise the person(s) arrangement and I authorise	ATION named above to liaisise Southgate Salar	Person 2) Re Su Sta Ph se with Southgate on	name nte my behalf,	(Mobile)	my salary	packaging

Southgate Salary Packaging Services OR PO Box 183, South Melbourne, VIC 3205

Fax: 1300 500 150