

Australian Credit Licence 389646 | ABN 82 729 205 480 | Level 1, 215 Greenhill Road Eastwood SA 5063
T 1300 LOAN AVE (1300 56 26 28) | F 08 8357 0922 | enquiries@loanave.com.au | loanave.com.au |

Third Party Authorisation

To request a third party obtain information regarding the details of your loan Please complete details below and fax this form to us at **08 8357 0922**

| PERSONAL DETAILS | | | |
|--|---------------------|---|-------|
| | Loan Account Number | | |
| First Name | | | |
| Surname | | | |
| Title | | ☐ Mr ☐ Mrs ☐ Miss ☐ | Ms |
| AUTHORISATION | | | |
| I/We appoint the following person authority on my | | | |
| above loan account number: | | | |
| Full Name | | | |
| Address | | | |
| Date of Birth | | | |
| For this date only/OR For the life of the loan | | | |
| I give the above mentioned person authority to: | | | |
| Option 1 | | Option 2 | |
| Discuss the following information on my loan. (eg balances) | | To have full access to information regarding my loan, and conduct maintenance as required (excluding redraws). | |
| | | * If option 2 is selected, please attached a clear copy of either a Passport, Drivers Licence or Birth Certificate of the person being appointed as a third party operator. | |
| SIGNED | | | |
| All borrowers and guarantors attached to the loans stated above <u>must</u> sign this authority. By signing this document you fully understand that you give authority to the person nominated above to discuss/ act on behalf as instructed. | | | |
| Signed | × | | 1 1 |
| Name of Signatory | | | Dated |
| | | | |
| Signed | æ | | 1 1 |
| Name of Signatory | | | Dated |