

# BOQ Credit Cards Appointment of Authorised Person/Power of Attorney



Bank of Queensland Credit Cards ("Credit Cards") are issued by National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") and distributed by Bank of Queensland Limited ABN 32 009 656 740 ("BOQ"). NAB has acquired the business relating to the Credit Cards from Citigroup Pty Limited (ABN 88 04 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to assist to administer the Credit Cards. Our/us/we means NAB unless the context otherwise requires it. BOQ does not and will not guarantee or otherwise support NAB's obligations under the contracts or agreements connected with the Credit Cards.

Please mail the completed form to:  
Customer Service Team, GPO Box 40, Sydney NSW 2001

\*denotes a mandatory field

## SECTION 1: YOUR DETAILS

**Name of Primary Account/Card Holder\***

**Account/Card Type\***

**Account/Card Number\***

**Account/Card Type**

**Account/Card Number**

I confirm that this authority gives permission to my Representative to discuss details regarding my nominated account(s) held with or by NAB, and to discuss details and negotiate on my behalf regarding my nominated bank account(s) held with NAB. This authority will remain in effect until such time as I revoke this authority and provide express notice to NAB of its revocation.

I understand that:

- Standard account notification (including account statements and other prescribed notices) will still be sent to me by NAB;
- If an agreement is made, my written consent may be required;
- NAB will deal with my appointed representative until I revoke the authority in writing or via phone;
- If NAB are unable to contact my authorised person over a 14 day period, they will recommence contacting me as the primary account holder and may remove the Authorised Person from my nominated account(s); and
- NAB can refuse to deal with an authorised person if they reasonably believe the representative is not acting in my best interests; or it is otherwise reasonable to do so in the circumstances. In such cases NAB will inform me directly and will suggest other free alternatives that may be available.

**Signature of Primary Account/Card Holder\***

**Date\***

Note: It is not mandatory to capture the signature of the Primary Account/Card Holder for Enduring Power of Attorney requests.

## SECTION 2: AUTHORISED PERSON OR ATTORNEY DETAILS

<b>Title*</b>	<b>Surname*</b>	<b>First Name*</b>	<b>Middle Name (optional)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Organisation Name (if applicable)</b>		<b>Mother's Maiden Name (Authorised Person only)*</b>	
<input type="text"/>		<input type="text"/>	
<b>Date of Birth*</b>	<b>Mobile*</b>	<b>Phone (other)</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Email*</b>		<b>Occupation*</b>	
<input type="text"/>		<input type="text"/>	
<b>Country of Birth*</b>		<b>Nationality*</b>	
<input type="text"/>		<input type="text"/>	
<b>Primary Address (cannot be a PO Box)*</b>		<b>Suburb*</b>	
<input type="text"/>		<input type="text"/>	
<b>State*</b>	<b>Postcode*</b>	<b>Country*</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Existing Customer?** ☐ Yes ☐ No

**Relationship Type** (please select all that apply)\*

- ☐ Friend or Family ☐ Financial Counsellor ☐ Debt Management Service Provider  
☐ Other Authorised Agent ☐ Attorney (e.g. Credit repair services, debt negotiation services)

Note: Providers of debt management services must hold a credit licence with a debt management authorisation and if the authorised person/s acts as a debt management service provider (as indicated above).

**Representative's Australian Credit Licence or Authorised Credit Representative details**

**Do you or any immediate family member hold a public office position?** ☐ Yes ☐ No

If Yes, please specify the position (e.g. politician/diplomat) below.

## SECTION 3: AUTHORISED PERSON\*

(This section is ONLY applicable to the appointment of an Authorised Person. POA applicants can skip this section and go to section 4.)

This authority gives permission to the nominated Authorised Person to discuss details regarding the nominated account(s) held with National Australia Bank (NAB), and provides the nominated Authorised Person the following level of access to the nominated account(s):

### ☐ ENQUIRY ACCESS

This level of access will permit the Authorised Person to:

- Obtain account details and transaction information and activity only (including additional card holders)
- Account Details: All information on file regarding your account excluding Tax File Number
- Transaction Activity: All information regarding transactions, amounts, dates, merchant details

### ☐ ACCOUNT MAINTENANCE ACCESS

This level of access will permit the Authorised Person to:

- Make amendments to the account/s (update address, email address and phone number)
- Dispute Transactions
- Redeem Rewards
- Request a Payout Figure
- Request a reissue/replacement card
- Statement maintenance, including:
  - Frequency change
  - Address change
  - Opt in or out of eStatements
- Marketing opt in/opt out
- To act, negotiate and accept outcomes with complaint and hardship requests

### Authorised Person Declaration

We (National Australia Bank (NAB)) collect your information to enable NAB to assess your request to act on the account holder's behalf and for NAB to deal with you as an appointed representative of the account holder.

### Identifying you for the purposes of the Anti Money Laundering and Counter Terrorism Financing Act 2006

We may provide your name, residential address and date of birth to a credit reporting body for the purpose of verifying your identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 which is not a credit check. As part of providing that information to the credit reporting body, we may request the credit reporting body to provide an assessment of whether the personal information held matches (in whole or part) personal information held by the credit reporting body. The credit reporting body may prepare and provide an assessment to us and may use the names, residential addresses and dates of birth held by the credit reporting body, for the purpose of preparing such an assessment. By signing this form you agree to us making this request and disclosure of your personal information for this purpose. However, if you don't wish for us to use this method to verify your identity, you may contact us for an alternative method.

Note: NAB can refuse to deal with an authorised person/s if we reasonably believe the representative is not acting in the customer's best interests; or it is otherwise reasonable to do so in the circumstances. In such cases we will inform the Primary Account/Card holder directly and will suggest other free alternatives that may be available.

**Signature of Authorised Person\***

**Date\***

## SECTION 4: POWER OF ATTORNEY\*

(This section is ONLY applicable to the appointment of a POA. Authorised Person applicants can skip this section.)

Note: To support a Power of Attorney application, you must provide a certified copy of the Power of Attorney document that appoints you.

I have been appointed an attorney under the (please tick which applies):

☐ Enduring Power of Attorney document      ☐ General Power of Attorney document

made by (full name of the principal listed in the Enduring/General Power of Attorney (Principal))\*

and advise to the best of my knowledge and belief my appointment under that document has not been suspended or terminated. If I have been appointed as a joint attorney, the office of one or more of my co-attorneys has not become vacant.

I acknowledge my appointment under the Power of Attorney document will be terminated or suspended if the Primary Account/Card Holder:

- has specified an expiry date in the Power of Attorney and that date has passed,
- informs me in writing I am no longer authorised to act on their behalf,
- becomes mentally incapacitated (applicable only to a General Power of Attorney),
- is bankrupt, or
- becomes deceased.

### Identifying you for the purposes of the AML CTF Act

We (National Australia Bank (NAB)) may provide your name, residential address and date of birth to a credit reporting body for the purpose of verifying your identity in accordance with the requirements of the AML Act which is not a credit check. As part of providing that information to the credit reporting body, we may request the credit reporting body to provide an assessment of whether the personal information held matches (in whole or part) personal information held by the credit reporting body. The credit reporting body may prepare and provide an assessment to us and may use the names, residential addresses and dates of birth held by the credit reporting body, for the purpose of preparing such an assessment. By signing this form you agree to us making this request and disclosure of your personal information for this purpose. However, if you don't wish for us to use this method to verify your identity, you may contact us for an alternative method.

### Signature of Attorney\*

Date\*

## SECTION 5: IDENTIFICATION OF AUTHORISED PERSON OR ATTORNEY\*

We respect your privacy and handle your information in accordance with our privacy policy. The NAB Group Privacy Policy is available at [nab.com.au](http://nab.com.au)

Attach with this form, an original certified copy of the required ID documentation from the options below. If an ID document is written in a language that isn't English, it must be accompanied by an English translation prepared by an accredited translator.

### Part 1A – Acceptable primary Australian and foreign ID documents. Provide ONE document from this section.

Note: ID documents must be valid and not expired.

- ☐ Australian State/Territory Driver Licence (including the back of the Driver Licence if your address has changed) or foreign Driver Licence containing a photograph of the person
- ☐ Australian Passport
- ☐ Australian card issued under a State or Territory for the purpose of proving a person's age and containing a photograph of the person
- ☐ Foreign passport or similar travel document containing a photograph and the signature of the person

If you are unable to provide a document from Part 1A, please provide a document from Part 1B.

### Part 1B – Acceptable secondary Australian ID documents

- ☐ Australian Citizenship certificate
- ☐ Australian Pension card issued by The Department of Human Services/Centrelink
- ☐ Australian Concession card or Commonwealth Seniors Health card

## Part 2 – Acceptable secondary Australian ID documents. Provide ONE document from this section

- ☐ A document issued by the Australian Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. (For example, a Centrelink Statement.)
- ☐ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address.
- ☐ A document issued by an Australian local government body or Utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). This can include a Telephone landline (not mobile) bill, or Electricity, Gas or Water bill.

## SECTION 6: WHO CAN CERTIFY POA AND ID DOCUMENTS?

A list of those who can certify a POA and/or an ID document include:

- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- A Justice of the Peace
- A notary public
- A member of the police force of the Commonwealth or of any State or Territory
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Consulates/Embassies
- An accountant who is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants

### Acceptable certification of POA and ID documents

Each copy of the POA and/or ID document must be certified by an approved certifier as follows:

The approved certifier must write on each page of the document:

- Full printed name of the "Approved Certifier" (e.g. Michelle Helena Citizen)
- Date the document was certified
- Signature of the approved certifier
- The capacity in which they have certified the document, e.g. police officer, etc.
- The Registration number (if applicable) of the certifier, and
- The following text:

**If single page:** I certify that this is a true and complete copy of the original document which I have sighted.

**If multiple pages:** I certify that this page is a true and complete copy of page [insert page number of document] of [insert total number of pages in the document] of the original document which I have sighted.

## SECTION 7: WHO CAN CERTIFY AUSTRALIAN ISSUED POA DOCUMENTS WITHIN A FOREIGN COUNTRY?

- |   |   |
|---|---|
| • Australian or British Consular Officers exercising functions in the country where the POA was executed or witnessed | • Medical practitioners                 |
| • Commissioned officers in the defence forces of the Commonwealth of Australia  | • Officer in charge of a police station |
| • Mayors or General Managers of local government corporations   | • Judges                                |
|   | • Justices of the peace                 |
|   | • Legal practitioners                   |
|   | • Magistrates                           |
|   | • Notaries public                       |

## SECTION 8: RETURN YOUR FORM & DOCUMENTS

Please mail your completed, signed and dated form and all supporting documents to us:

Customer Service Team  
GPO Box 40  
Sydney NSW 2001

Please do not use Registered Post as it impacts processing times.

**BANK USE ONLY**

Type of Document

Document Number

Full Name Appearing on Document

Address on Document (if shown)

Date of Birth

Place of Issue/Issuing Institution

Date of Issue

Date of Expiry

By completing and signing this Record of Identification and Verification Procedure I declare that I have verified the identity of the authorised person in section 2 as required by AML/CTF requirements and that this identification and verification procedure has been performed by an AFSL/Credit licence holder or an authorised representative of an AFSL/Credit licence holder. I confirm that I have sighted the originals and/or original certified copies of the identification documents detailed above submitted to National Australia Bank Limited (NAB) and have not made any unauthorised alterations.

**Name of Bank Officer/Authorised Representative****Signature of Bank Officer/Authorised Representative****Date Verification Completed**