

# Third Party Authorisation Form

Use this form to permit the NSW Rural Assistance Authority (RAA) to discuss and provide information pertaining to your loan or grant to a third party contact.

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## Customer details

Full name(s):

Trading name:

Primary phone number:

Primary email address:

BP number:

ABN:

## Third party information

If there are people that you agree may discuss and obtain information about you from the RAA, their details must be listed in this form and submitted to the RAA. Examples of third party contacts include family members, employees, accountants and solicitors. Requests for your information received from third party sources not listed in this form will be required to forward their request in writing to the RAA, accompanied by a signed authorisation from you, prior to access being granted to your information.

| Surname | Given names (full) | Profession/organisation | Email address |
|---------|--------------------|-------------------------|---------------|
|         |                    |                         |               |
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|         |                    |                         |               |

## Agreement

The personal information supplied in this form is being provided voluntarily by to you to the Rural Assistance Authority (RAA). The RAA is collecting the information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) under which you have rights of access and correction. The information will be used to establish and operate a system of identity authentication to ensure that, as far as is practicable, only you are granted access to your information.

The RAA agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely.

I/We agree that this form permits the RAA to contact and provide information to the third party contacts listed regarding all cases relating to the BP number provided.

I/We understand that this authorisation will be used by the RAA for no longer than 12 months and a new authorisation with up-to-date information will need to be provided each year.

I/We declare that the information provided in this form is true and correct.

Signature:

Printed full name:

Date:

Signature:

Printed full name:

Date:

Signature:

Printed full name:

Date:

Signature:

Printed full name:

Date:

**This agreement must be signed by all parties.**

Please return your completed form to:

**Email:** rural.assist@raa.nsw.gov.au

**Post:** NSW Rural Assistance Authority, Locked Bag 23, Orange NSW 2800