

PURPOSE OF THIS FORM

To allow a tax agent to enquire or act on your behalf when dealing with the Long Service Corporation. Your representative will be able to make enquiries, lodge forms you have signed and provide information to us about you. You can end this authority at any time by sending a written request, either by post or email.

PART 1 - PERSONAL DETAILS

Worker Registration Number

W

Date of Birth

D M Y

Given Name

Family Name

Number and Street or PO Box

Suburb/Town

State

Postcode

Phone

Mobile

Email

PART 2 - AUTHORISATION

I authorise **ALL** employees of the practice to act on my behalf - **GO TO PART 3**

OR

I authorise **ONLY** the nominated employees of the practice to act on my behalf - **GO TO PART 4**

NOTE: Long Service Corporation will use the following information to confirm the identity of your authorised representative/s.

PART 3 - PRACTICE REPRESENTATIVE DETAILS

Practice Name

Practice Address - Number and Street or PO Box

Suburb/Town

State

Postcode

Phone

Mobile

Email

Tax Agent Number

DECLARATION BY AUTHORISED PERSON ACTING ON BEHALF OF PRACTICE

I authorise the above practice to act on behalf of the person named in **PART 1**.

Given Name

Family Name

Signature

Date

D M Y



Interpreter Services - call TIS National on 13 14 50 and ask them to call Long Service Corporation on 13 14 41 or visit www.tisnational.gov.au



LONG SERVICE CORPORATION REPRESENTATIVE AUTHORITY FORM - TAX AGENT

PART 4 - NOMINATED INDIVIDUAL REPRESENTATIVE DETAILS - ONLY complete if you wish to nominate individual employees of the practice. If you want to nominate more than 2 people, copy this page.

Practice Name

Practice Address - Number and Street or PO Box

Suburb/Town

State

Postcode

Phone

Mobile

Email

Tax Agent Number

DECLARATION BY REPRESENTATIVE 1

Full Name

Contact Phone Number

Email

I declare that I undertake to act as representative for the person named in **PART 1**.

Signature

Date

DECLARATION BY REPRESENTATIVE 2

Full Name

Contact Phone Number

Email

I declare that I undertake to act as representative for the person named in **PART 1**.

Signature

Date

PART 5 - DECLARATION BY WORKER

I declare that the information I have given in this form is true and correct. I understand that giving false or misleading information is a serious offence.

Name

Signature

Date

IMPORTANT PRIVACY AND YOUR PERSONAL INFORMATION

Your personal information is protected by law, including the *Privacy and Personal Information Protection Act 1998*, and is collected by Long Service Corporation for the administration of payments and service. Your information may be used by Long Service Corporation or given to other parties for the purposes of investigation or where you have agreed or it is required or authorised by law.

For more information about the way Long Service Corporation will manage your personal information, visit our website at www.longservice.nsw.gov.au or request a copy of our Privacy Management Plan by contacting us on **13 14 41**.

RETURN

Please complete and return to:

 Scan and email to info@longservice.nsw.gov.au **or**  Post to Locked Bag 3000 Central Coast MC NSW 2252