

Authorised Contact From

Please complete this form in black or blue pen and fax to 1300 665 400 or post to:
ONEseniors, GPO Box 2223, Melbourne, VIC 3001

Section 1 – Member details

Title & First name

Last name

Number

Address

Suburb

State

Postcode

Contact phone number

Date of Birth (dd/mm/yyyy)

 / /

Section 2 – Authorised Contact Details

Relationship to account holder

Title & First name

Last name

Number

Address

Suburb

State

Postcode

Contact phone number

Date of Birth (dd/mm/yyyy)

 / /

Email address

Section 4 – Declaration *to be signed by the Member*

IMPORTANT – PLEASE I/We acknowledge that the person/people listed in the Authorised Contact Details section of this form will be authorised to act on my behalf in contacting ONEseniors in relation to my account. I/We understand that they will still be required to verify details about my account, for example the username and password, alternatively 4 points of identification relating to them that they have supplied on this form. Please sign and fax to 1300 665 400 or post to postal address as shown above.

Signature

Member Full Name

Date – (DD/MM/YYYY)

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