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| Client authorisation form The Representative is authorised to act for the Client in accordance with the terms below. **Client details**Name:Address**Representative details**Name:ABN/ACN:Address:I authorise *[Legal Firm]* (Authorised Representative) to act on *[my or the victim’s]* behalf to:* register for the FAS Portal and apply to the FAS on my behalf;
* receive communications (including documents) from the FAS and correspond with the FAS on my behalf;
* start, edit, complete, submit and amend my application with the FAS, including through the provision of documents and evidence relating to my application;
* make decisions about the type of information and level of detail to be included in the application;
* make decisions about the types of financial assistance to be sought;
* advise the FAS of the destination bank account for any financial assistance to be paid to me;
* submit Authorised Future Expense claims on my behalf;
* acknowledge matters set out in the application process on my behalf.

The Authorised Representative will make decisions about my application on my instructions, and discuss the information to be included in the application. **Consent to represent**I have read and understood the above terms. I hereby authorise *[Legal Firm]* to represent me in accordance with the above terms. Client’s/Client Agent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client/Client Agent’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Law firm acceptance**We have read and understood the above terms. We agree to represent the Client in accordance with the above terms. We certify that reasonable steps have been taken to ensure that this Client Authorisation was signed by the person named above as the Client or Client Agent. Signature of Legal Firm’s representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Firm representative’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR LEGAL FIRM USE:**

Please list all employees with authorisation to contact the FAS regarding this client’s application.

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| **Employee Name** | **Employee Position** |
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