



Authorised Representative* Form

Please fill in the details below and return this form to help@kisa.com.au or post to KISA, PO Box 5119, Frankston South, Victoria, 3199, Australia.

Primary Account Holders Information

Name: _____

Address: _____

Contact Number(s) _____

I wish to add the below person as an authorised representative* on my KISA account(s):

Name: _____

Date of Birth: _____

Address: _____

Contact Number(s) _____

List accounts to add your authorised representative* to, or state "ALL ACCOUNTS" if you wish to add them to all of your accounts.

Date and Sign: _____

**An authorised representative will have the same privileges and permissions as the account holder, having full access to all account information and the power to modify the plan, relocate and cancel service. The Authorised Representative will retain these permissions until such time as the Primary Account Holder advises us to remove the Authorised Representative from the account(s).*