



# *O'Brien Bousamra & Co Pty Ltd*

## **Third Party Authorisation**

Please complete and sign this form to provide another person or company authority to access information in respect of your financial or taxation affairs.

Your details

Title Mr  Mrs  Miss  Ms  Other  .....

Given Names:

Surname:

Date of birth:

Third party  
authority

I hereby authorise the third party/parties named:  
Name:

Organisation:

To  receive information /  Act on my behalf relating to:

My financial affairs

My taxation affairs

With the following limitations / for the following entities (if any)

Start date

..... of ..... 20.....

End date

..... of ..... 20.....

## Terms and Conditions

- You indemnify O'Brien Bousamra & Co Pty Limited against losses and liabilities incurred directly or indirectly as a result of this third party appointment.
- You acknowledge and agree that this authority entitles the third party to provide us with any and all evidence for the purposes of establishing their identity
- Until this signed document is received by O'Brien Bousamra & Co Pty Limited, no information will be disclosed.
- This document will be valid if received by facsimile or email, but the original signed document must be received in our office at Chatswood or Port Macquarie within 5 working days.

## Authorisation

By signing this form I acknowledge that I have read and understood the terms and conditions and I authorise the third party / parties as detailed above to have access to my confidential details as specified above.

Signature

Date

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