



# Appointment of an Authorised Representative

Updated: 8 May 2026

If you wish to appoint an Authorised Representative to deal with Pennytel Australia Pty Ltd on your behalf, you can complete the following form and e-mail the completed form to [support@pennytel.com.au](mailto:support@pennytel.com.au).

Alternatively, you can log in to your account online and update the details of your Authorised Representative yourself. Go to [www.pennytel.com.au](http://www.pennytel.com.au) to log in to the Customer Portal.

If you need assistance with appointing an Authorised Representative, please contact us on 1300 232 888 and we will be able to do this over the phone.

Pennytel may update this document from time to time. The current version is published on our website.

Where a change materially affects your rights or obligations, we will provide any notice required by your agreement or applicable law.

## Important Information

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When you appoint an Authorised Representative, you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised Representative has the power to act and access information as if they were you. This includes making complaints, changing account details or terminating a service.

Only account holders can appoint an Authorised Representative.

You can only appoint one Authorised Representative at any time.

For security reasons, we require you to submit a signed and witnessed copy of the completed Authorised Representative Form. The witness must be one of the following::

- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- A Solicitor or Barrister;
- A Police Officer;
- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees;
- A Dentist;
- A Pharmacist;
- A Medical Practitioner; or
- A Chiropractor or a Physiotherapist

If you have difficulty arranging a witness in person — for example, due to disability, geographic isolation, illness, or safety concerns relating to domestic, family or sexual violence — please contact us on 1300 232 888 to discuss whether an alternative verification arrangement is available..

## How to Reach Us

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Pennytel is an online provider. We do not serve customers face-to-face at an office or store.

You can contact us in the following ways:

- Phone: 1300 232 888 (Monday to Friday, 9:00am - 5:00pm AET)
- Email: [support@pennytel.com.au](mailto:support@pennytel.com.au)
- Website: Our chatbot, Penny, is there to help 24/7. Go to: [www.pennytel.com.au](http://www.pennytel.com.au)

## Appointment of Authorised Representative Request

**To be completed by the customer who owns the Account.**

You must be the Account holder to appoint an Authorised Representative:

Account Holders Full Name	
Account Number	

I wish to appoint the following person as my Authorised Representative:

Full Name	
Date of Birth	
Contact Phone Number	
Email Address	
Street Address	

**I confirm the following (please tick):**

- I am the owner of the Account Number listed above.
- I authorise Pennytel Australia Pty Ltd to deal with the above person as my Authorised Representative.
- I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment.
- I acknowledge that Pennytel Australia Pty Ltd may assume that it is dealing with the Authorised Representative if they identify themselves as such when contacted at any of the contact numbers/addresses above.
- I confirm that this appointment continues until I revoke it in writing.

Account Holders Signature	
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**To be completed by a Witness** (see important information above for requirements)

**I confirm the following (please tick):**

- I confirm that the person signing above (the Account Holder) has produced evidence of their identity.

Witness Full Name	
Witness' Signature	
Witness' capacity (eg JP, Doctor)	
Witness' Address	
Place & Date of signing	