



Organisation's Appointment of Authorised Person Form

Organisation name (in full)

Access to: (tick one)

Organisation Account Account Number

(Including all related individual Cardholder's Accounts)

Individual Account Account Number

Section 1 - Type of Access

(Tick one - Appointment is for Authority to Operate unless you choose otherwise)

Enquiry Access Only This will permit the Authorised Person to:
- Obtain Account information only

Full Account Access This will permit the Authorised Person to:

- Obtain Account information;
- Make Amendments to the Account;
- Dispute transactions; and
- Redeem rewards.

Duration of Authority: This Authority commences immediately and continues until Diners Club is notified otherwise.

Section 2 - Details of New Authorised Person

Title Surname First Name Middle Name

Existing Cardholder? Yes No

Date of Birth / / Mothers Maiden Name Nationality

Occupation Country of Birth

Residential Address Suburb State Postcode

Phone Mobile Email

Privacy Consent: By signing this form, the Authorised Person agrees that we may obtain, use and disclose their personal information for the purpose of this authorisation. We may provide the Authorised Person's personal information to related or selected third parties both of which may be in or outside Australia on a confidential basis for the purpose of providing administration or services in respect of this Account. For information about privacy please visit our website.

Signature of Authorised Person

Date

Section 3 - Organisation's Authorisation

Where the business is a COMPANY/SOLE TRADER/PARTNERSHIP (two signatures required)

Signature of Director/Partner for on behalf of the business

Date

Signature of Director/Partner/Company Secretary for on behalf of the business

Date

Name

Name

Where the business is a TRUST and the TRUSTEE is an INDIVIDUAL

Signature of Trustee for on behalf of the business

Date

Name

Where the business is a TRUST and the TRUSTEE is a COMPANY (two signatures required)

Signature of Director for on behalf of the business

Date

Signature of Director/Partner/Company Secretary for on behalf of the business

Date

Name

Name

Please fax your completed form to **1300 794 769** or mail to:
Customer Service, Diners Club International, GPO Box 40 Sydney NSW 2001

For further information call Diners Club Customer Service 24 hours a day on **1300 360 060**.