

# Authority Form

To: Endeavour Energy

claims@endeavourenergy.com.au

Complaint No. (if available)	
Complainant/Claimant name:	
Business name: (if available)	

Please complete if you want to authorise another person to act on your behalf in relation to this complaint. If the complaint is being lodged by a business or association the form must be completed in accordance with any rules governing its internal management (e.g. a company's constitution may require all directors to sign).

**I/We authorise:**

Title	
First name	
Last name	
Organisation name	
Relationship to you	
Postal address	
State	
Postcode	
Contact number	
Email	

**Please ensure you and your authorised person sign below. This authority remains in place for the duration of this claim/complaint only unless it is revoked by the authorised party.**

\_\_\_\_\_  
Signature Complainant/Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorised person

\_\_\_\_\_  
Date