

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