

# Home Building Compensation Fund (HBCF) Claim Authority to Act Form

**Use this form if you (the homeowner) want to authorise a third-party or legal representative to manage an icare HBCF claim on your behalf.**

I, *(Homeowner 1)*

First Name

Last Name

of *(Homeowner 1)*

Postal Address

I, *(Homeowner 2, if applicable)*

First Name

Last Name

of *(Homeowner 2, if applicable)*

Postal Address

Same address as Homeowner 1

**authorise**

First Name

Last Name

of

Postal Address

**to act on my behalf in all dealings with icare HBCF in relation to the management of my claim, under Home Building Compensation Fund (HBCF):**

Policy Number

Policy Date

**I do not have a policy**

Signature of Homeowner 1

Date of Signature

Signature of Homeowner 2

Date of Signature

**Please send your completed and signed form to:**

icare Home Building Compensation Fund (HBCF), GPO Box 4052, Sydney NSW 2001

**Telephone:** (02) 8378 0560 **Email:** hbcfclaims@icare.nsw.gov.au