

## Authorising a person to enquire or act on your behalf

### Your details

Name	Reference No.
Postal address	Postcode
Date of birth (dd/mm/yyyy)	Phone
I authorise	
to act on my behalf, to make enquiries and to receive written communication in relation to this application.	
In providing this authorisation I consent to:	
<ul style="list-style-type: none"><li>• Victims Services exchanging information about this application with the authorised person</li><li>• Victims Services exchanging personal information about me for the purpose of this application</li><li>• The authorised person making decisions in relation to the processing of this application</li><li>• The authorised person receiving payments on my behalf.</li></ul>	
<i>(If you do not consent to any of the above please cross out and initial)</i>	
Signature	<input type="text"/>
Date	(dd/mm/yyyy)

### Important

- Only one person can be authorised on this form.
- It is your responsibility to ensure that the person you have given authority to makes enquiries on your behalf and is aware of what you are allowing them to enquire about, and any limitation you may place on this authority.
- Authorising a person to enquire or act on your behalf does not take away your right to contact Victims Services if you need to.
- The authorised person will not be permitted to request that any application be withdrawn without the written consent of the applicant.

### Authorised person to complete

Title	Surname/Family	Date of birth	(dd/mm/yyyy)
Given names			
Address			Postcode
Contact Phone	Email		
<i>I have read and understand and accept the responsibilities for which I am authorised.</i>			
Signature (Auth. person)	<input type="text"/>	Date	(dd/mm/yyyy)

### Completed form to be returned to:

The Commissioner of Victims Rights  
Victims Services, Locked Bag 5118 Parramatta NSW 2124  
Or you can email to: [vs@dcj.nsw.gov.au](mailto:vs@dcj.nsw.gov.au)  
For further information, please call: (02) 1800 633 063  
(VS • REV 11/2020)

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