

Authority for Third Party to Provide and/or Access Your Personal and Credit Information

Please complete this form if you wish to authorise a third party to provide personal and credit information about you and/or access personal and credit information about you which is held by Suzuki Financial Services.

ACCOUNT HOLDER'S DETAILS

Name of account holder

Address

Postcode

Account number

The account holder authorises the person named as the Authorised Person below to:

- act as my/our agent in providing personal and credit information about me/us and/or seeking access to personal and credit information about me/us which is held by Suzuki Financial Services; and
- incur fees on my/our behalf (which will be charged to my/our account) when requesting from Suzuki Financial Services information in writing, a document or a copy of a document about me/us or my/our account.

AUTHORISED PERSON'S DETAILS

Name of authorised person

Date of birth

 / /

Address

Postcode

Relationship to the account holder

Contact phone number

Email address

DECLARATION AND SIGNATURE

Suzuki Financial Services only uses your personal and credit information in accordance with the *Privacy Act 1988*, the Suzuki Financial Services Privacy Policy and the "Privacy Statement and Consent" form which you signed when you applied for credit with Suzuki Financial Services. You can view the Suzuki Financial Services Privacy Policy at www.sfonline.com.au.

You may revoke this Authority at any time by notifying Suzuki Financial Services.

This Authority does not permit the Authorised Person to establish a direct debit arrangement with Suzuki Financial Services or in any way make payments to Suzuki Financial Services by direct debit in respect of your Suzuki Financial Services account. If you wish to limit the types of personal and credit information that Suzuki Financial Services can disclose to the Authorised Person, please notify Suzuki Financial Services in writing of the information that you do not wish Suzuki Financial Services to disclose to the Authorised Person.

If you have any questions about this document please contact our National Customer Solutions Centre on **138 200**.

Account Holder's signature

 X

Date

 / /

Authorised Person's signature

 X

Date

 / /

Please return or email the completed form to: Suzuki Financial Services, PO Box 9215, Scoresby VIC 3179

T 138 200 E finance@suzukifinancialservices.com.au