## Permission to Act on my Behalf (PAB)



If you wish to authorise another person to enquire about or access your account on your behalf, you must give your consent for that person to communicate with Gumala Aboriginal Corporation (GAC). Completed forms and supporting documentation should be emailed to <a href="mailto:memberships@gumala.com.au">memberships@gumala.com.au</a> More contact details are available at the bottom of this form.

Once submitted, GAC staff will need to contact both parties listed on the form by phone to confirm these details are correct and attain their verbal consent. This PAB will be put on hold **every 12 months** until both parties can be contacted to re-confirm the details of the PAB. This is an extra security measure placed by GAC to ensure PAB records are kept up to date.

If at any point you would like to remove the PAB from your profile, please contact the GAC office on 1800 486 252 and ask to speak to anyone in the Memberships Team who will be able to assist you with cancelling your PAB. Please note that if a PAB holder is found to not be acting in the best interests of the Member, GAC may investigate and cancel this PAB.

Please note that **only the individual Member can make changes to their own banking details**. Any bank account changes cannot be done by someone acting on a Member's behalf.

To authorise your consent, please complete the following information:

#### Member's Details

Name		
Home address	(include street, suburb/town, state and	l postcode)
Postal address	(if different from above)	
Phone number		Date of birth
Email address		
Signature	(Please note that for security reasons we cannot accept digital signatures on this form)	
Date		

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## **Authorised Person's Details**

Name		
Home address		
	(include street, suburb/town, state and postcode)	
Postal address		
	(if different from above)	
Phone number		Date of birth
Email address		
Signature		
Date	(Please note that for security reasons	we cannot accept digital signatures on this form)

## **Types of Authorisation**

#### Member to complete

Please advise us of the type of access you permit the authorised person to have on your account.

I give consent to the person nominated above to (tick boxes):

	Access my Gumala account information such as program balances	
	Submit applications on my behalf	
	Update Member details, such as changing addresses and phone numbers	

### Both Member (M) and Authorised (A) person to complete and sign

The parties to this document understand and accept (tick boxes):

M	Α	
	This authorisation is only active for 12 months from the date of approval	
		after which this PAB will be put on hold until both parties confirm they would
		like for it to be renewed
		The authorised person has responsibilities and obligations to act in the best
		interests of the Member specified on this form. GAC does not accept liability

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	for those not acting responsibly and will notify the Member if there are any concerns in relation to account activity.	
	If the authorised person does not comply with GAC policies and procedures, this authorisation may be cancelled.	
Member's Sig	nature	Authorised Person's Signature
(Please note that for security reasons we cannot accept digital signatures on this form)		(Please note that for security reasons we cannot accept digital signatures on this form)

### **Privacy**

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Gumala Aboriginal Corporation for the administration of Member benefits and services. This information is required to be collected, retained and shared in order to process applications for membership to and for the provision of Member services by both Foundation entities (Gumala Aboriginal Corporation as Manager and Gumala Investments Pty Ltd as Trustee).

You can obtain more information about the way we manage the personal information and our privacy policy on our website.

Page | 3