

Representative Authority Form

Member Name:

Membership Account no (if known):

Director or authorised delegate name:

*

Email:

Business Postal Address:

ABN:

I hereby authorise the below named to act on behalf of _____ for all

Copyright Agency matters .

Contact name:

Position:

Email:

Phone (Business Hours):

Phone (After Hours):

Mobile:

*Please provide a copy of your proof of identity (Drivers Licence or Passport).

