

Representative Authority Form

To protect our member's security, we need to confirm you are authorised to act on behalf of your organisation and represent other creators with respect to Copyright Agency payments.

For more information:

Phone 1800 066 844 (toll free, within Australia) or +61 2 9394 7600

Visit copyright.com.au

APPLICANT INFORMATION

1. Application by account

Account/Organisation name:

Member Account number (if known):

2. Contact person

The details of the person applying for Member Portal access.

Title First name

Surname

Position

Telephone

Mobile

Email

3. Authorisation

Provide details of two contacts in positions like a Director, Director/Secretary, or other authorised person from your organisation.

First name Surname

Position title

I authorise the Contact Person listed above to act on behalf of the account for all Copyright Agency payments via their online account on the Member Portal.

Signature: Date: ____/____/____

AUTHORISATION (Continued)

3. Authorisation

First name..... Surname.....

Position title.....

I authorise the Contact Person listed above to act on behalf of the account
..... for all Copyright Agency payments
via their online account on the Member Portal.

Signature:..... Date: ____/____/____