

THIRD PARTY AUTHORISATION FORM

This form must be completed where you wish to authorise a third party (eg. spouse or financial adviser) to have access to your salary package details, request documentation on your behalf and discuss with Southgate any aspect of your salary packaging arrangement managed by Southgate Salary Packaging Services.

Authorised third parties CANNOT make any alterations to your salary package and CANNOT sign any forms or declarations on your behalf. You are not obliged to authorise a third party; however Southgate, cannot discuss your salary packaging arrangement with any person other than yourself, your employer and any third party you have authorised using this form.

EMPLOYEE DETAILS					
Title		Date of Bi	rth		
Given Name		Surname			
Residential Address		I			
Suburb	State		Posto	ode	
Employer			'		
THIRD PARTY DETAILS (Au	thorised Person 1)				
Title	Rel	ationship			
Given Name	Sui	rname			
Residential Address					
Suburb	Sta	te		Postcode	
Suburb Phone (Home)		te one (Work /	Mobile)	Postcode	
			Mobile)	Postcode	
	Pho		Mobile)	Postcode	
Phone (Home)	Photosed Person 2)		Mobile)	Postcode	
Phone (Home) THIRD PARTY DETAILS (Au	Photosed Person 2)	one (Work /	Mobile)	Postcode	
Phone (Home) THIRD PARTY DETAILS (Au	Photosed Person 2)	one (Work /	Mobile)	Postcode	
Phone (Home) THIRD PARTY DETAILS (Au Title Given Name	Photosed Person 2)	ationship	Mobile)	Postcode	
Phone (Home) THIRD PARTY DETAILS (Au Title Given Name Residential Address	Photosed Person 2) Rel Sui	ationship			
Phone (Home) THIRD PARTY DETAILS (Au Title Given Name Residential Address Suburb	Photosed Person 2) Rel Sui	ationship			
Phone (Home) THIRD PARTY DETAILS (Au Title Given Name Residential Address Suburb	Photosed Person 2) Rel Sui	ationship			
Phone (Home) THIRD PARTY DETAILS (Au Title Given Name Residential Address Suburb Phone (Home)	thorised Person 2) Rel Sui Sta Pho bove to liaise with Southgate on ngate Salary Packaging Services	ationship rname te my behalf, ii	Mobile)	Postcode my salary pa	
Phone (Home) THIRD PARTY DETAILS (AUTitle Given Name Residential Address Suburb Phone (Home) EMPLOYEE DECLARATION I authorise the person(s) named a arrangement and I authorise Sour	thorised Person 2) Rel Sui Sta Pho bove to liaise with Southgate on ngate Salary Packaging Services	ationship rname te my behalf, ii	Mobile)	Postcode my salary pa	

OR

Fax: 1300 500 150

Employee Forms and Declarations Southgate Salary Packaging Services © 2024

Email: support@southgatesalpack.com.au