



Please use this form to nominate a representative who will handle matters with Smile Right on your behalf, whether it's regarding a personal loan with Smile Right Capital Pty Ltd ACN 139 675 424 or if you have a payment plan with Smile Right Payment Plans Pty Ltd ACN 650 069 060.

Letter of Authority Form

Customer Information	
Full name	
Email	
Mobile number	
Date of birth	
Street address	
Suburb	
State & Postcode	
Representative Information	
Name	
Email	
Phone number	
Address	
Organisation (if applicable)	

Authority

I authorise the person listed in Representative Information above ('My Representative') to:

- Seek and exchange personal information about me and my account with Smile Right, including but not limited to my borrowing and repayment history, my account profile information, my payment methods, and other information relating to my use and interaction with Smile Right;
- Receive notices and other documents under the National Credit Code on my behalf;
- Negotiate with Smile Right and enter into arrangements that are binding on me related to my account; and
- Act on my behalf until this Authority is revoked.

I authorise Smile Right to:

- Seek and exchange personal information about me and my account with My Representative; and
- Negotiate with My Representative and enter into arrangements that are binding on me related to my account.

I understand and agree that:

- I am entitled to receive a copy of any notice or other document under the National Credit Code, and by signing this authority, I am giving up the right to be provided with those notices or documents directly from Smile Right;
- I can revoke this Authority at any time by contacting Smile Right;
- This Authority will remain in force until Smile Right;
- This Authority will be revoked when Smile Right receives written notice from me or My Representative that the Authority is revoked;
- If an agreement is negotiated with My Representative, my written consent may be required;
- Smile Right may rely on the information provided to it by My Representative as having been provided with my authority and as being true and correct; and
- Smile Right may deal with My Representative until the Authority is revoked.

Customer			
I declare that the information I have given on this form is true and correct, and I authorise Smile Right to deal with and disclose information to My Representative.			
Customer Signature			
Signature		Date	

My Representative			
I declare that the information I have given on this form is true and correct, and I agree to act on behalf of the Customer. I agree to Smile Right collecting my personal and sensitive information as outlined in this online form. I have read and accept the Smile Right Privacy Policy . I also agree to receive all communications electronically.			
Representative Signature			
Signature		Date	

Once signed to complete this authority, please:

Online – Upload this completed Letter of Authority Form via the help desk portal – <https://help.smileright.com.au>.

Postal – Please post to Smile Right – PO Box 7795, Cloisters Square, WA 6850.