

AUTHORITY TO ACT

Applicant Name(s): _____

Installation Address: _____

Authorised Person: _____

Relationship with
Authorised Person: _____

Address of Authorised
Person: _____

Contact Details (Applicant): Phone _____ Email _____

Contact Details (Authorised): Phone _____ Email _____

Authorisation Period: from ____/____/____ to ____/____/____

I / we authorise the abovenamed to act on our behalf during the Authorisation Period in relation to the CONSORT Bruny Island Battery Trial (The Trial), including providing personal information about me / us relevant to The Trial, submitting and signing application forms and documentation on my / our behalf, and performing other functions as necessary to enable my / our application for or participation in The Trial as if the Authorised Person was me / us.

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Please return completed form to:
CONSORT Bruny Island Battery Trial
Reply Paid 83558, Moonah TAS 7009
Email: BrnyBattery@tasnetworks.com.au

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