



Authority to act

Complete this form to authorise someone to act on your behalf

Your details:

Name:

Date of Birth:

Email:

Address:.....

Phone contacts including mobile:

Your nominated person:

Please enter the details of the person you'd like to give authority to act on your behalf

Full name:

Relationship to you:

Address:

Email:

Phone contacts including mobile:

Declaration:

- I authorise Ministry of Business, Innovation & Employment (MBIE) to act on the instructions of my nominated person
- I understand that MBIE is not responsible for any actions of my nominated person using this authority
- I understand that this authority comes into effect from the date MBIE receives this form
- I understand that I am giving my nominated person authority to access my information by telephone, email and letter
- I understand I can write to or call MBIE at any time to cancel this authority, and MBIE will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by MBIE.

Signature:

Date:

Please attach a copy of identification with this form (eg. driver's licence and/or passport) which proves your and the nominated individual's identity.

When we collect, use and store information, we comply with the Privacy Act 2020. For further details see MBIE's privacy policy, available at www.mbie.govt.nz/privacy/

