## **Third Party Authorisation**

To: SKYLINE CAR FINANCE

NZBN 9429030235946 Financial Services Provider Number 292106

Email: cscnz@skylinecarfinance.co.nz Mail: PO Box 83101, Wellington 6440

Borrower Details						
Borrower 1			Borrower 2 (if applicable)			
Full Name:			Full Name:			
Address:			Address:			
Preferred Ph:			Preferred Ph:			
Email:			Email:			
Authority						
I/We authorise the below mentioned Authorised Individual or Organisation to act as my/our agent to:						
Seek and exchange personal and / or account information in connection with the below contract/s.						
▶ Negotiate and enter into arrangements that are binding on me/us in connection with the below contracts.						
Is there any limitation, restriction or expiry date you wish to place on the authority?						
Limitations/Restrictions:						
Expiry Date:						
Authority applies to:						
All contracts, please provide a Customer Number:						
Specific contract(s), please provide Loan Contract						
Number(s) or \	/ehicle Registration(s):					
Authorising a	n Individual (Please complete all fields)		Authorising an	Organisation (Please complete all fields)		
Full Name:			Organisation's N	Name:		
Address:			Address:			
DOB (must be over 18):		OR	Representative's	s Name:		
Phone:			Phone:			
Email:			Email:			
Relationship:			Password:			
			Extend this auth	ority to all employees of this organisation Yes □ No □		
Borrower/s Auth	ority and Acknowledgement					
	v I/we understand that:					
, , ,		tements ar	nd other prescribe	ed notices) can still be sent to me/us by Skyline Car		
Finance;	, ,		, , ,			
▶ If an agreement is made, my/our written consent may be required;						
Skyline Car Finance may rely on the information provided and the declaration and privacy consent previously provided by me/us to						
Skyline Car Finance;						
► This authority continues until the expiry date provided in the authority section of this document or when I/we revoke this authority by giving written notice to Skyline Car Finance.						
Borrower 1 Signature			Borrower 2 Sign	ature (if applicable)		
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## Additional Documents Required

A <u>Certified</u> copy of a drivers licence, learners permit or passport for the third party is required. If this document does not provide their address details. A <u>Certified</u> bank statement, rates notice, utility bill or document issued by a government agency is required.

Date:

## **Authorised Third Party**

Date:

I understand that my personal information is collected to facilitate this authority and that my authority may not be accepted if I do not provide all the information requested. For further information about how Skyline Car Finance (Skyline) collects, uses, discloses and stores personal information, how I can access and seek correction of my personal information or complain about the handling of my personal information, I can refer to the Skyline privacy policy at www.skylinecarfinance.co.nz/privacy.

ignature	
×	
Date:	

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