



Authority to Act

Purpose of this form

To authorise someone to act on your behalf. A separate form is required for each person/organisation you wish to authorise.

Note: This form must be accompanied by proof of your identity (e.g. copy of driver licence or passport).

Withdrawal of authority

The requested Authority to Act will be withdrawn at the end of the date (if specified) in Question 15.

You can withdraw this Authority to Act by submitting your request in writing to:

Fax 07 3532 0253

Email sper@treasury.qld.gov.au

Post The Registrar
State Penalties Enforcement Registry
GPO Box 1387
Brisbane QLD 4001

Once the authority has been withdrawn, the third party listed on this form will no longer have an authority in relation to matters in your name. If the third party listed is required to have an authority to act after this date then a new Authority to Act form will be required.

1 What is your SPER Party ID Number?

Your details

2 Title

Mr Mrs Ms Miss Other

3 What is your last or family name?

4 What are your given name(s)?

5 What is your date of birth?

6 What is your Queensland Driver Licence number?

7 What is your postal address?

State Postcode

8 What is your telephone number?

State Postcode

9 After hours number? Mobile phone number?

Details of person authorised to act for you

Note: A 'person' includes either an individual or an organisation. If you wish to authorise more than one person, a separate form will be required for each individual or organisation.

10 Full name (optional if authorising an organisation)

11 Date of birth

12 Organisation name (if applicable – e.g. Solicitor's office)

Note: You do not need to name a specific individual from an organisation if anyone from that organisation may act on your behalf. If you prefer that only a specific person from the organisation act on your behalf, then include their name at Question 10.

13 Address

14 Daytime phone number

Extent of authority

15 Please tick **one** of the boxes below. This authorisation is:

☐ to be ongoing for all dealings with SPER until I advise otherwise

OR ☐ to last for today only

OR ☐ to last from _____ to _____

16 Please tick **one** of the boxes below. This authorisation is:

☐ in relation to all of my matters with SPER

OR ☐ is only in relation to the following matters with SPER (enter the SPER Debt / Creditor Id numbers below)

Authorisation and proof of identity

17 I have attached a copy of proof of my identity (e.g. copy of driver licence or passport).

18 The information provided in this form is true and correct. I, the person named in Question 4 give authority for the third party stated to act on my behalf for the matters specified in Question 16 for the period specified in Question 15.

Signature (Person giving authority)

Date

When you have completed this application, please return it to SPER using one of the following methods:

Email sper@treasury.qld.gov.au

Post The Registrar
State Penalties Enforcement Registry
GPO Box 1387 Brisbane Qld 4001

Fax 07 3532 0253

If you have any questions regarding this application contact the Queensland Government Contact Centre on 1300 365 635.

OFFICE USE ONLY

Date Received: _____ / _____ / _____

Are supporting documents attached? Yes ☐ No ☐

Have all outstanding party matches been identified and merged?

Yes ☐ Party Id's: _____

No ☐ Reason: _____

N/A ☐

Does the party have multiple party types (i.e. Debtor and TPC Party Id)?

Yes ☐ Party Id's: _____

No ☐

Signature of SPER officer

Date

_____ / _____ / _____

Privacy Statement - SPER is collecting the information on this form to process your authorisation for someone to act on your behalf for fines/orders registered with SPER, in accordance with the *State Penalties Enforcement Act 1999*. Collection of this information is authorised by the *State Penalties Enforcement Act 1999*. Your personal information will not be disclosed to any other party without your consent unless authorised by law.