

Privacy Consent Authority

1. Complete this form

2. Return this form to us by one of the following:



By mail

Post this form to:
FlexiGroup Limited
Locked Bag 5005
Royal Exchange,
Sydney NSW 1225



By fax

1800 240 103



By email

customer.service@flexigroup.com.au

I/We acknowledge that FlexiGroup Limited is restricted by the Privacy Act 1988 (as amended) in disclosing certain personal information to others, except where I/we have given my/our specific written consent to the disclosure under the Privacy Act and the Australian Privacy Principles.

I consent to and request that FlexiGroup Limited provide to the following persons:

1) _____

2) _____

All information that they may request regarding (you may delete as necessary)

- (i) any financial transactions made in respect to the above Agreement Number(s), including the amount and nature of any payments made or to be made, any payments in arrears or the amount necessary to discharge my obligations under the above Agreement Number(s); and,
- (ii) any consumer credit information or report held by FlexiGroup Limited about me.

This authority will remain in force until _____ / _____ / _____ (please specify date)

OR

I/We revoke this consent in writing.

Name (print name)

Name (print name)

Signature of Contract Holder

Signature of Third Party