ACC 1766

Giving access to your ACC Information

If you would like to authorise someone to act on your behalf complete and return this form.

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Section 1 – Your contact details

ACC number:

IR number:

Name and position:

Company or employer name *(if applicable)*:

Postal address:

Street

Suburb

City + Postcode

Email address:

Phone: Area code 0 | Business number

Mobile: Code 0 | Mobile number

Fax: Area code 0 | Business number

Section 2 – Giving access to an Agent or an Advisor

I authorise the following organisation and its representative to access my ACC levy account information.

Name of organisation:

Main representative

First name:

Last name:

Postal address:

Street

Suburb

City + Postcode

Email address:

Phone: Area code 0 | Business number

Fax: Area code 0 | Business number

Mobile: Code 0 | Mobile number

Access

Please choose the type of access (tick ONE only)

◯ **Access and change information through ACC Online and directly with ACC Staff:**

This will allow your named main representative to access and change your ACC levy account online and at their discretion delegate access to your information to other members of the Organisation. This will also allow each member of the Organisation to query and change your ACC levy account information through ACC staff.

◯ **Access and change information through ACC Staff:**

This will allow each member of the Organisation to query and change your ACC levy account information through ACC staff.

◯ **Access information through ACC Staff:**

This will allow each member of the Organisation to query your ACC levy account information through ACC staff.

Continued ...

Section 3 – Other representatives

Name	Relationship	Phone number	Type of access (please tick one) Access only (default)	Access and change
			✔	◯
			✔	◯
			✔	◯
			✔	◯
			✔	◯

Section 4 – Postal information

Please post all correspondence to *(please complete address)*: ◯ Me ◯ A representative

First name:

Last name:

Postal address:

Street

Suburb | City + Postcode

Email address:

Phone: Area code 0 | Business number | Relationship:

Fax: Area code 0 | Business number

Mobile: Code 0 | Mobile number

Section 5 – Declaration

I authorise ACC to carry out or initiate transactions in accordance with this authority.

I understand that ACC is not liable for any action done in accordance with this authority.

I understand that this authority comes into effect from the date the ACC Business Service Centre receives and processes this form.

I understand that by providing authority to an Agent or Advisor organisation I am providing authorisation to each representative within that organisation.

I understand that I am giving my representative authority to access my account by telephone, email, letter, fax, form or as indicated in section 2 of this form.

I understand that the cancellation of this authority must be made in writing or by telephone. It will not be effective until received by the ACC Business Service Centre.

I understand that information provided on this form will only be issued to fulfil the requirements of the Accident Compensation Act 2001, and that ACC complies at all times with the Privacy Act 1993, and the Official Information Act 1982.

Account holder's signature:

Date: DD | MM | YYYY

Checklist

◯ Keep a copy of this form for your records

◯ If you nominated more than four other representatives, attach a separate list showing their names and the information required.

◯ If you have more than one Organisation that requires authority to access your ACC Levy information you will need to complete a separate form for each .

If you decide to cancel or change any access agreed to in this authority you must do so in writing (to the address below) or by calling us on

- Self-employed 0508 426 837
- Employer 0800 222 776
- Agent/Advisor 0800 222 991.

In the collection, use and storage of information ACC will at all times comply with the obligations of the Privacy Act 1993 and the Official Information Act 1982.

Please return to ▶ ACC Business Service Centre, P O Box 795, Wellington 6140

For assistance ▶ freephone 0508 426 837, email business@acc.co.nz or freefax 0800 222 003