

AUTHORITY TO TRANSACT

Please complete the below details to enable a third party to transact on your behalf. Return to Member Services via post, email or fax.

1 MEMBER	Membership No.
Name <input style="width: 90%;" type="text"/>	
Tel <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Fax <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Mobile <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Email <input style="width: 90%;" type="text"/>	
Postal Address <input style="width: 90%;" type="text"/>	
Town/City <input style="width: 40%;" type="text"/> State <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Postal Code <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	

2 I HEREBY AUTHORISE MY REPRESENTATIVE,	
Title <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Initials <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> First Name <input style="width: 40%;" type="text"/>	
Surname <input style="width: 90%;" type="text"/>	
Relationship <input style="width: 40%;" type="text"/>	
Tel <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Fax <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Mobile <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Email <input style="width: 90%;" type="text"/>	
Postal Address <input style="width: 90%;" type="text"/>	
Town/City <input style="width: 40%;" type="text"/> State <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Postal Code <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	

To access my account as follows:

<input type="checkbox"/> Enquire into contact, ownership and Points details	<input type="checkbox"/> Make changes to my contact details
<input type="checkbox"/> Enquire into my financial details	<input type="checkbox"/> Make payment arrangements and/or changes to banking details
<input type="checkbox"/> Enquire into all booking details	<input type="checkbox"/> Make and cancel bookings

*If the Member is deceased then the appointed Executor must complete and sign as Member on behalf of the deceased.
Copy of Letters of Executorship must be attached.

☐ Additional Membership Card Required?)

I acknowledge that, relative to my access selections above:

- This authority will commence on the date that ULTIQA Lifestyle confirms receipt thereof in writing with me and will continue until I cancel it in writing. This authority does not preclude me from transacting on my Nominated Account.
- I hereby instruct ULTIQA Lifestyle to accept and process all authorised transactions made by my representative on my Nominated Account. This authority does NOT include my representative selling or buying Permanent Points on my behalf.
- All bookings and cancellations are made by my representative strictly in accordance with the Rules of ULTIQA Lifestyle. I confirm that I have made my representative aware of these Rules and warrant that he/she will abide by them.
- My representative will not be allowed to make any booking for the purposes of rental/financial gain unless agreed thereto by the trustees in writing.
- My representative will not be entitled to make any booking unless ALL my accounts with ULTIQA Lifestyle are up to date, I have enough Points available on my Nominated Account and I am not precluded for any other reason from making a booking myself.
- I indemnify ULTIQA Lifestyle, its trustees, employees and agents should I dispute any authorised transaction made by my representative, and specifically agree that any such dispute will be personally and solely between my representative and me.
- Without limiting the above, (a) I accept sole responsibility for any breach by my representative of any term or condition hereof, and (b) ULTIQA Lifestyle will not be answerable to my representative for any act or omission on its part arising out of this authority.
- ULTIQA Lifestyle will be entitled to verify the identity of my representative before he/she is allowed to make any authorised transaction.
- I will be responsible for my representative during any accommodation stay made via my membership
- It is my responsibility to keep contact details updated.

Signed at _____ on this _____ day of _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 y y </div>
Member Signature _____	