

Appointment of a Representative

Claimant's Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>									
2	Title	Rank	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Other	<input type="text"/>
3	Last name	<input type="text"/>									
4	First name/s	<input type="text"/>									
5	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>					

Representative's Details

6	Title	Rank	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Other	<input type="text"/>
7	Last name	<input type="text"/>									
8	First name/s	<input type="text"/>									
9	Other name/s known as	<input type="text"/>									
10	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>					

 Attach either original or a certified copy of two of the following; full birth certificate; current passport, drivers licence or firearms licence belonging to the representative.

11 Representative's Residential address

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

12 Representative's Postal address (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

13 Representative's Other contact details

Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

14 Relationship with representative

Please explain what your relationship is with the representative, for example, partner, friend etc

<input type="text"/>
<input type="text"/>

15 Representative Duration

How long do you want to have this representative for?

Until / /

- No end date—this person will be your representative until you or they tell us otherwise.
- For a single aspect of my claim only.
- For the duration of a single claim.
- For the duration of all existing claims.

NOTE: The authority of any representative appointed ends when a person gains legal authority to act on your behalf (e.g. Enduring Power of Attorney comes into effect) or you pass away.

Your representative's rights and responsibilities

16 What do you want your representative to do for you?

Tick all boxes which apply

- Access my files and get personal information about me (under the Privacy Act 2020).
- Give information about me to Veterans' Affairs.
- Change my details with Veterans' Affairs.
- Receive a copy of my mail from Veterans' Affairs (all mail is still sent to the veteran/claimant).
- Speak or make enquiries on my behalf.

Note: A representative is not empowered to make decisions on your behalf.

Representative Declaration (please tick all the boxes)

- I wish to act as a representative for the claimant named on this form.
- The information I have provided on this form is true and complete.

I understand that

- I need to meet the responsibilities as an representative, as stated in question 16.
- I must act in the best interest of the client at all times.
- I agree to receive emails from Veterans' Affairs in matters regarding my client.
- I agree to advise Veterans' Affairs if I change my address and/or contact details.
- I will not access any of the client's entitlements.
- If I wish to cease being this client's representative, I must inform the client **and** Veterans' Affairs.

Representative name (print)

Signature

Date

Client Declaration (please tick all the boxes)

- I wish to appoint the representative named in this form
- The information I have provided on this form is true and complete

I understand that

- My representative will have authority to act for me for what I have agreed in question 16.
- I will tell Veterans' Affairs of all changes in my circumstances that affect my services or entitlements.
- I continue to be responsible for all matters concerning payments, including any obligations.
- My representative cannot access my bank account on my behalf.
- Veterans' Affairs takes no responsibility for actions carried out by my representative.
- The representative will continue to represent me until the conditions marked at number 15 are met, a person gains legal authority to act on my behalf (eg Enduring Power or Attorney comes into force) or I pass away.

Your name (print)

Signature

Date

Acknowledgement

By signing this application form I acknowledge and understand that:

- The information provided in this application form is, to the best of my knowledge, true and complete.
- As part of processing this application, Veterans' Affairs may obtain further information in addition to what I have provided.
- I am consenting to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Corporation, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purposes of assessing and processing this application and administering any resulting entitlement or assistance.
- I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:
 - imprisonment for a term not exceeding 3 months; or
 - a fine not exceeding \$5,000.00.
- I have read and understand the Privacy Statement.
- The document showing legal authority to act on behalf of the claimant is attached to this application and is current (where the application is being signed by a person holding this document).

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand