

## Form E Third party authorisation

This form may be faxed to **(02) 9463 9136**, emailed to **support@nlis.com.au** or posted to **NLIS Ltd, PO Box 1961, North Sydney NSW 2059**



National Livestock  
Identification System Ltd

This form must be provided to NLIS Ltd in accordance with the NLIS Terms of Use. If you do not have the terms, view them at [www.nlis.com.au](http://www.nlis.com.au) or call the NLIS Helpdesk on 1800 654 743 to request a copy.

Both parties signing this form declare that the information provided is accurate and complete. It is the **Third party's** responsibility to check that the information has been recorded accurately on the database. If they do not receive confirmation within 7 days (14 days if the form was posted) that it has been processed, they should call 1800 654 743.

**PRODUCER:** The producer to whom the PIC is registered. By signing this Form, you allow your PIC to be linked to the **Third party** account of the person below, so that they can record and retrieve information for your PIC.

Information to be provided	Please write the details in BLOCK letters below.							
Property Identification Code (of the producer):								
Legal name of person to whom the PIC is registered:								
Business or trading name:								
Postal address:								
Suburb/Town:								
State and Postcode:								
Telephone and/or mobile numbers:								
On the basis that the Third Party below: <input type="checkbox"/> Acts on my behalf OR <input type="checkbox"/> Owns or manages livestock on my property	You must tick at least one of the boxes on the left.							
From the date of this authorisation, until it is revoked by me in writing, I authorise the Third Party below to act on my behalf as follows (tick one or both boxes below):  <input type="checkbox"/> Access and record information about livestock movements on and off my PIC <input type="checkbox"/> Access carcase feedback information for my PIC  I acknowledge that I am responsible for any act or omission of the Third Party in connection with this authorisation.  Signature: _____ Date: _____								

**THIRD PARTY:** The person with a **Third party** database account who is requesting access to the producer's PIC.

Information to be provided	Please write the details in BLOCK letters below.							
NLIS Database User ID (of the Third Party):	3	F	T	P	Y	B	K	Z
Legal name of person seeking authorisation:	MICHELLE EVANS							
Business or trading name:	LANDMARK OPERATIONS LIMITED							
Postal address:	380 LATROBE ST							
Suburb/Town:	MELBOURNE							
State and Postcode:	VIC						3000	
Telephone and/or mobile numbers:	03 9209 2555							
E-mail address:	finance@landmark.com.au							
I unconditionally and irrevocably indemnify NLIS Ltd against all losses, damages, costs, charges, liabilities and expenses which it may suffer or incur at any time because of any act or omission in connection with this request.  Signature: _____ Date: _____								