

AUTHORITY FORM

OPTING OUT OF EQC-MANAGED REPAIR

What this form means

This form allows a customer to provide another person (Authorised Agent) with authority to deal with EQC on his/her behalf in relation to:

- any request to opt out of the EQC-managed Canterbury Home Repair Programme and
- the opt out process.

EQC may contact the customer to confirm the validity of this form and any instruction by an Authorised Agent. However, EQC is under no obligation to do so. EQC may rely on this authority form without further enquiry and deal with the Authorised Agent on this form as though that person were the customer.

Where relevant to a claim this may include EQC disclosing personal information relating to the customer or the claim.

Points to consider

It's important to consider carefully what you are authorising your Authorised Agent to do before you submit this form. It may not be possible for you, the customer, to change decisions made by your Authorised Agent.

This is particularly important if your Authorised Agent is also the person carrying out your repair work. In this situation, your Authorised Agent is effectively signing off the completion and quality of their own work.

EQC does not carry out quality assurance on work completed by any opt out project manager and will not intervene in any disputes between you and your Authorised Agent over the quality or price of work.

Please fill in the form on the following page

Contact

Email: chchoptout@eqc.govt.nz
Phone: 0800 DAMAGE (0800 326 243)
Postal: Earthquake Commission,
Opt Out of EQR, PO Box 34027, Fendalton,
Christchurch 8540
Fax: 0800 EQC 4 FAX (0800 329 437)

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Please ensure you have read and understood 'What this form means' and 'Points to consider' on the previous page.

To nominate an Authorised Agent by email or post

EQC may accept this form by post or email ChchOptOut@eqc.govt.nz (form must be scanned to include your signature). As the customer you may still contact EQC for further information about the progress of your claim and any other action on your claim.

For the purpose of opting out, my Authorised Agent (below) has the right to do the following on my behalf in relation to the below claims:

- | | | | | |
|-----|--------------------------|----|--------------------------|--|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Request and agree to opt out of EQC-managed home repair |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Agree to the Scope of Works and repair strategy |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Sign off the repair work as complete or substantially complete |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Approve and submit invoices |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Advise where opt out payment is to be deposited |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Conduct any other business with EQC (not listed above) |

Or limited authority (please specify authority limits eg. expiry dates):

Customer name(s):

Damaged property address:

Phone:

Email:

Claim numbers:

I have read and understood the contents of this form, including page one. Where there is more than one customer under the declared claims, the customer signing this authority confirms that he or she is authorised to sign on behalf of all customers under the above claim(s).

Signed by customer:

Date:

Authorised Agent details

Company/individual:

Phone:

Contact (must be an individual):

Email:

Postal address:

Relationship to Customer:

Signed by Authorised Agent:

Date:

Cancellation of Authority: This authority may only be revoked by written notice to EQC by post, or email to chchoptout@eqc.govt.nz
Please allow three business days from receipt for processing..