

Home Building Compensation Fund (HBCF) Authority to Act Form

Use this form if you (the homeowner) want to authorise a third-party or legal representative to manage a claim on your behalf.

I, *(name of homeowner 1)*

First Name

Last Name

of *(name of homeowner 1)*

Postal Address

I, *(name of homeowner 2, if applicable)*

First Name

Last Name

of *(name of homeowner 2, if applicable)*

Postal Address

Same address as homeowner 1

authorise *(name of authorised person)*

First Name

Last Name

of *(address of authorised person)*

Postal address

to act on my behalf in all dealings with icare HBCF in relation to the management of my claim, under Home Building Compensation Fund (HBCF) policy number:

Policy Number

Policy Issue Date

I do not have a policy

Signature of Homeowner 1

Date of Signature

Signature of Homeowner 2

Date of Signature

Please send your completed and signed form to:

icare Home Building Compensation Fund (icare HBCF), GPO Box 4052, Sydney NSW 2001

Telephone: (02) 8378 0560 **Email:** hbcfclaims@icare.nsw.gov.au