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## Authorised approving officer

This section must be completed to nominate an authorised approving officer/s on behalf of an agency.

- The officer/s detailed below will be the only authorised person on behalf of the agency to supply us with any notice and information required to facilitate the administration of the ESO system.
- The officer/s detailed below will be the only person/s able to authorise the Employer services online registration request/amendment to user details form for the agency listed above.
- It is the officer/s listed below responsibility to advise us if any circumstances change, including adding or removing another authorised approving officer/s.

### Authorised approving officer one

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Position

APS level

Date of birth   /   /

Work email address

@

Address

**SUBURB**  **STATE**  **POSTCODE**

Phone **BUSINESS HOURS**         **AFTER HOURS**

**MOBILE NUMBER**



Sign

SIGNATURE

Date signed

/   /



**Important:** By completing this application, you acknowledge that you have read and understood the responsibilities of an Authorised approving officer available at: <http://eac.csc.gov.au/your-toolkit/online-services/terms-and-conditions/>

## Authorised approving officer two

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Position

APS level

Date of birth  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Work email address

@

Address

**SUBURB**  **STATE**  **POSTCODE**

Phone **BUSINESS HOURS**           **AFTER HOURS**

**MOBILE NUMBER**



**Sign**

SIGNATURE

Date signed

<sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>



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## Authorised approving officer three

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Position

APS level

Date of birth   /   /

Work email address

@

Address

**SUBURB**  **STATE**  **POSTCODE**

Phone **BUSINESS HOURS**         **AFTER HOURS**

**MOBILE NUMBER**



**Sign**

SIGNATURE

Date signed

/   /



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## Authorised approving officer four

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Position

APS level

Date of birth   /   /

Work email address

@

Address

**SUBURB**  **STATE**  **POSTCODE**

Phone **BUSINESS HOURS**       **AFTER HOURS**

**MOBILE NUMBER**



**Sign**

**SIGNATURE**

**Date signed**

/   /

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### How can I get more information?



**EMAIL** employer.service@csc.gov.au

**PHONE** 1300 338 240

**FAX** 02 6275 7010

**MAIL** Employer Service  
GPO Box 2252  
Canberra ACT 2601

**WEB** csc.gov.au

**End Form**



**Email**  
employer.service@csc.gov.au



**Phone**  
1300 338 240



**Fax**  
(02) 6275 7010



**Post**  
Employer Service  
GPO Box 2252  
Canberra ACT 2601



**Web**  
csc.gov.au



**Overseas Callers**  
+61 2 6275 7000