

LANDS TITLES REGISTRATION OFFICE

SOUTH AUSTRALIA

**ENDURING POWER OF ATTORNEY**

FORM APPROVED BY THE REGISTRAR-GENERAL

SERIES NO	PREFIX
	PA

**AGENT CODE**

LODGED BY:

CORRECTION TO:

SUPPORTING DOCUMENTATION LODGED WITH APPLICATION  
(COPIES ONLY)

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

CORRECTION	ENTERED
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**DELIVERY INSTRUCTIONS** (Agent to complete)  
PLEASE DELIVER THE FOLLOWING ITEM(S) TO THE  
UNDERMENTIONED AGENT(S)

ITEM(S)	AGENT CODE

(\*Delete the inapplicable)

\*DUPLICATE  
\*ATTESTED PHOTOCOPY

DEPOSITED

DATED.....

.....  
REGISTRAR-GENERAL

# ENDURING POWER OF ATTORNEY

(Pursuant to section 6 of the Powers of Attorney and Agency Act 1984)

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**PRIVACY COLLECTION STATEMENT:** The information in this form is collected under statutory authority and is used for the purpose of maintaining publicly searchable registers and indexes. It may also be used for other authorised purposes in accordance with Government legislation and policy requirements.

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**DONOR(S)** (Full name and address)

DO HEREBY NOMINATE CONSTITUTE AND APPOINT

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**DONEE(S)** (Full name and address)

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*(\*Delete the inapplicable)* \*JOINTLY / \*JOINTLY AND SEVERALLY TO BE MY ATTORNEY(S)

I DECLARE THIS POWER TO BECOME EFFECTIVE (*\*Delete the inapplicable*)

\*UPON THE EXECUTION OF THIS DEED AND REMAIN EFFECTIVE NOTWITHSTANDING THAT I MAY SUFFER ANY SUBSEQUENT LEGAL INCAPACITY.

\*ONLY IN THE EVENT OF MY SUFFERING ANY SUBSEQUENT LEGAL INCAPACITY.

AND I AUTHORISE MY ATTORNEY(S) TO DO ON MY BEHALF ANYTHING I CAN LAWFULLY DO BY AN ATTORNEY

THIS AUTHORITY IS SUBJECT TO THE FOLLOWING CONDITIONS, LIMITATIONS OR EXCLUSIONS:

(If none show "Not Applicable")



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DATED.....

**EXECUTION**

IN WITNESS WHEREOF I/We the Donor(s) have hereto set my/our hand and seal

DATED.....

SIGNED BY THE DONOR(S) AS A DEED

.....

.....  
(Signature of Donor(s))

IN THE PRESENCE OF

.....  
(Witnessed by a person authorised at law to take affidavits).

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**FORM OF ACCEPTANCE**

I/We

.....  
.....  
.....  
.....

the person(s) appointed to be the donee(s) of the power of attorney created by the instrument on which the acceptance is endorsed accept the appointment and acknowledge:

- a) that the power of attorney is an enduring power of attorney and as such may be exercised by me/us not withstanding any subsequent legal incapacity of the donor or in the event of any subsequent legal incapacity of the donor

AND

- b) that I/We will, by accepting this power of attorney, be subject to the requirements of the *Powers of Attorney and Agency Act 1984*.

SIGNED.....DATED.....

SIGNED.....DATED.....

SIGNED.....DATED.....

SIGNED.....DATED.....

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