

LANDS TITLES REGISTRATION OFFICE

SOUTH AUSTRALIA

**REVOCATION OF POWER OF
ATTORNEY**

FORM APPROVED BY THE REGISTRAR-GENERAL

SERIES NO	PREFIX
	RP

AGENT CODE

LODGED BY:

CORRECTION TO:

SUPPORTING DOCUMENTATION LODGED WITH APPLICATION
(COPIES ONLY)

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

CORRECTION	ENTERED

POWER OF ATTORNEY NO
IS REVOKED
FILED THIS.....
..... REGISTRAR-GENERAL

REVOCATION OF POWER OF ATTORNEY

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.

POWER OF ATTORNEY BEING REVOKED:

DONOR(S) (Full name and address)

HEREBY FULLY REVOKE THE SAID POWER OF ATTORNEY GIVEN BY ME TO

DONEE(S) (Full name and address)

DATED.....

EXECUTION

SIGNED IN MY PRESENCE (Donor(s) to sign)

BY THE DONOR(S) (Witness to sign)

..... (Witness printed name)

..... (Witness address)

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