DEED OF REVOCATION OF POWER OF ATTORNEY*

Powers of Attorney Act 2000

I .....

(Full name of Donor of Power of Attorney)

of .....

(Address of the Donor of the Power of Attorney)

HEREBY REVOKE THE

Power of Attorney dated ..... *(date of power of attorney)*

Registered number PA ..... *(registered power of attorney number)*

("the Power of Attorney")

MADE BY ME, WHICH APPOINTED

.....

.....

(Names of Attorney/s appointed)

as my Attorney/s.

EXECUTED AS A DEED

.....

(Donor's signature)

Dated this .....day of 20

In the presence of: -

Signature of witness: .....

Full name of witness: .....

Address of witness: .....

Important

The Recorder of Titles will register notice of the revocation of this Power of Attorney on the Powers of Attorney Register. The Recorder of Titles does not contact or give notice of revocation of a Power of Attorney to an Attorney. This Notice does not replace any obligation on the part of the Donor to give notice to an Attorney. The office of the Recorder of Titles cannot provide legal advice. Independent legal advice should be obtained to resolve any queries about the Power of Attorney and required actions to effectively revoke it.

LTO USE ONLY
No. .....

FORM 5

Powers of Attorney Act 2000

REGISTRATION APPLICATION

To: The Recorder of Titles;

I apply to register the following instrument:

Type of instrument: .....

Number of pages (excluding this form): .....

Name of donor: .....

Name of attorney(s): .....

.....

.....

.....

Identification number (if applicable): .....NA.....

I certify that the information contained in this registration application is correct to the best of my knowledge.

Signed: ..... Date: .....

Name: .....

Capacity: *(donor, attorney, legal practitioner, other)*: .....

Address: .....

.....

Department of Natural Resources and Environment Tasmania

Land Titles Office

GPO Box 541
Hobart Tasmania 7001

134 Macquarie Street
Hobart Tasmania 7000

LODGEMENT FORM

Regulation 19 *Land Titles Regulations 2022*

To the Recorder of Titles, please register the undermentioned instruments in the order set out below and return those that are returnable to the address shown in Panel A or as indicated in Panel B.

Insert the name and full postal address of the firm/person lodging the documents.
(IN BLOCK LETTERS)

PANEL A

Date:.....Client Reference:.....
Phone No.:.....

If any instrument/s are to be returned to another party (other than that noted in Panel A) insert details of that instrument and the name and full postal address of firm/person to whom the instrument/s are to be returned.
(IN BLOCK LETTERS)

PANEL B

Fee Payment: ☐ Invoiced (**ONLY available if you are an existing LTO invoiced client**)

☐ Online Payment – **Please provide an Email address:**

Email Address.....
(must be clear and legible)

☐ Lodging in person at the LTO (EFTPoS Payment)

☐ Cheque/Money Order enclosed (made payable to The Recorder of Titles)

List all instruments and documents you are lodging.

	Fee

TOTAL FEES $_____

Directions issued by the Recorder require each Party to a Conveyancing Transaction to be represented by a Representative, except where the Party is a Subscriber; or where the Party is a mortgagor and the Registry Instrument is a mortgage.

Please provide, via the *Lodgement Form – Contact Details*, the Contact Details (required by Clause 12 of the Directions) of ALL Subscribers for ALL Registry Instruments and other Documents being lodged. The *Lodgement Form – Contact Details* form is available on the Land Titles Office website on the Land Titles Office FAQs webpage.