

FORM 6
Powers of Attorney Act 2000

**APPOINTMENT OF THE PUBLIC TRUSTEE AS ATTORNEY UNDER
ENDURING POWER OF ATTORNEY**

***I/WE APPOINT** The Public Trustee to act as attorney in ***my/our** place(s) under the following enduring power of attorney:

Name of donor:

Address of donor:

.....

Name of attorney:

Address of attorney:

.....

***Name of attorney:**

***Address of attorney:**

.....

Date of execution:

Identification number:

Signature of attorney: Date:

***Signature of attorney:** ***Date:**

ACCEPTANCE BY THE PUBLIC TRUSTEE

The Public Trustee accepts this appointment to act at attorney under the enduring power of attorney identified in this appointment.

Signed ***by/for** and on behalf of The Public Trustee:

.....

Date:

Name of signatory:

Position of signatory:

***Omit if not applicable**

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:
.....

Land Titles Office

134 Macquarie Street
Hobart Tasmania 7000

GPO Box 541
Hobart Tasmania 7001

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.

Form RD-LFv2