FORM 3

Powers of Attorney Act 2000

PARTICULAR ENDURING POWER OF ATTORNEY

THIS PARTICULAR ENDURING POWER OF ATTORNEY is made under the *Powers of Attorney Act 2000.*

Name of donor: .....

Address of donor: .....

1. **I APPOINT**

   Name of attorney: .....

   Address of attorney: .....

   *Name of attorney: .....

   *Address of attorney: .....

   to be my attorney(s) *jointly/jointly and severally.

2. **I AUTHORISE** my attorney(s) to do on my behalf any of the following things:

   .....

   .....

3. **I DECLARE** that this particular enduring power of attorney will continue to operate and have full force and effect despite any subsequent mental incapacity I may suffer.

Signature of donor: ..... Date: .....

We certify that the donor has signed this particular enduring power of attorney in our presence.

I certify that I am not a party to this particular enduring power of attorney nor a close relative to a party to it.

Signature of first witness: ..... Date: .....

Name of first witness: .....

Address of first witness: .....

Signature of second witness: .....Date: .....

Name of second witness: .....

Address of second witness: .....

*Omit if not applicable

STATEMENT OF ACCEPTANCE OF PARTICULAR ENDURING POWER OF ATTORNEY

*I/We the above named attorney(s) under the power created by this particular enduring power of attorney on which this acceptance is endorsed (or to which this acceptance is annexed) accept the appointment and acknowledge –

(a) that this particular enduring power of attorney is an enduring power of attorney and may be exercised by*me/us despite any subsequent mental incapacity of the donor; and

(b) that*I/we will, by accepting this particular enduring power of attorney, be subject to the requirements of the *Powers of Attorney Act 2000.*

Signature of attorney: ..... Date: .....

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

*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: .....

.....

Department of Primary Industries, Parks, Water and Environment

Land Titles Office

GPO Box 541
Hobart
Tasmania 7001

LODGEMENT FORM

134 Macquarie
Street
Hobart
Tasmania 7000

Lodge a SEPARATE FORM with each set of documents carrying out one entire transaction.

To the Recorder of Titles. Please register the undermentioned instruments in the order set out below and return such of them as are returnable to the lodging firm shown in Panel A or as indicated in Panel B.

Insert name of lodging firm (in block letters). If private person, insert name and full postal address (in block letters).

PANEL A

Client Ref:..... Per..... date.....

If one or more of the instruments are to be returned to a person who is not the lodging firm, insert the nature of the instrument and name and address (in block letters) of person to whom instrument is to be sent.

PANEL B

No.	Particulars * (to include title reference/s)	Fees $ c	Particulars of remittance herewith	$ c

Total Fees _____ **TOTAL** _____

*Particulars to include the title reference/s of the Certificate/s affected and to make reference to supporting documents indicating whether they are lodged herewith or already lodged by some other firm, e.g.

'C.T. Vol. .... Fol. .... produced herewith'

'Probate ..... produced by A.B. & Co.'

YOUR GUIDE TO ENDURING POWERS OF ATTORNEY FORMS 3 & 4

Powers of Attorney Act 2000

Land Titles Office
Tasmania

ENDURING POWER OF ATTORNEY

An Enduring Power of Attorney will continue to operate even if you lose mental capacity. For more information on Enduring Powers of Attorney see the "*FACT SHEET"* on Enduring Powers of Attorney.

This is a guide only and should only be used in conjunction with **Form 3** or **Form 4** of the ***Powers of Attorney Act 2000.*** You should only use these forms if you fully understand the requirements of the ***Powers of Attorney Act 2000***. It is recommended that you seek legal advice before completing any Power of Attorney form.

Warning: officers of the Land Titles Office are not empowered to give legal advice, prepare (Powers of Attorney/instruments) for lodgement **or** "pre-check" (Powers of Attorney/instruments) prior to lodgement.

If you plan to complete the Power of Attorney Form yourself, please read these instructions in conjunction with the relevant form.

NAMES:

i) Donor, fill in the **Donor** name and address *(the Donor is the person giving the power of attorney)* - Only one donor per form.
ii) Attorney, fill in the name and address of the person/s who will be your attorney/s.

If you appoint more than one attorney you must decide whether they are to act **jointly** *(your attorneys must agree about a decision together and must sign any relevant documents together)* or jointly and severally meaning jointly together or individually *(either attorney can act independently of the other*). If you want them to act jointly, cross out the words "jointly and severally", and vice versa.

TYPE OF:

if you want to restrict your attorneys' powers you must use **Form 3** Particular Enduring Power of Attorney Form and specify those things you authorise your attorney to do on your behalf. However, most people will grant a General Enduring Power of Attorney **(Form 4)**. It is strongly recommended you seek legal advice before executing a particular Power of Attorney.

SIGNATURE:	The normal signature of all parties must be written in the spaces provided.
DATE:	You must also enter the date upon which the Power of Attorney is completed in the space provided.
WITNESSES:	The document must be signed by the **donor** in the presence of two independent witnesses *(i.e. a person who is not a party to the document nor a close relative to a party to it).*
DATE:	You must also enter the date upon which the Power of Attorney is completed in the space provided.
STATEMENT OF ACCEPTANCE BY THE ATTORNEY:	The person/s or agency you have nominated as your attorney needs to indicate their willingness to accept the power and the legal obligations which go with that power. The attorney/s must sign and date the **Form of Acceptance** in the space provided.
NOTE:	An alteration to a power of attorney is to be made by striking through the word or words intended to be altered so as not to render illegible the original word or words. The alteration is to be initialled by the donor and the attorney. The donors initialling of the alteration is to be witnessed by two people, neither of whom is a party to the Enduring Power of Attorney. **DO NOT** use **white out** or **blot out** the word or words, as this will make the form unregistrable. **DO NOT** write on add to or mark except where provided on this form, this will also make the form unregistrable.

The **original form** only (not a copy) is to be lodged for registration. Together with an application **Form 5** which must also be completed and signed.

For current registration fee on a Power of Attorney see 'Schedule of prescribed fees'. Cheque or money order should be made payable to *The Recorder of Titles*.

Postal address is GPO Box 541 Hobart , Tasmania 7001 *or* in person to Level 1, 134 Macquarie Street, Hobart.