FORM P2 (Version 4)

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| GUIDANCE NOTES AVAILABLE | | | |  |  | LANDS TITLES REGISTRATION OFFICE  SOUTH AUSTRALIA  **ENDURING POWER OF ATTORNEY**  FORM APPROVED BY THE REGISTRAR-GENERAL | |
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| SERIES NO | PREFIX | |  |
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| **AGENT CODE**  LODGED BY: | | | |
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| CORRECTION TO: | | | |  |  |  | |
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| SUPPORTING DOCUMENTATION LODGED WITH APPLICATION (COPIES ONLY) | | | |  |  |  | |
| 1…………………………………………………………………………...... | | | |  |  |  | |
| 2…………………………………………………………………………….. | | | |  |  |  | |
| 3…………………………………………………………………………...... | | | |  |  |  | |
| 4…………………………………………………………………………….. | | | |  |  |  | |
| 5…………………………………………………………………………….. | | | |  |  |  | |
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| CORRECTION | ENTERED |
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|  | |  | |  |  | *(\*Delete the inapplicable)*  \*DUPLICATE  \*ATTESTED PHOTOCOPY  DEPOSITED  DATED………………………………………  …………………………………………………………..…………..  REGISTRAR-GENERAL | |
|  | | **DELIVERY INSTRUCTIONS** (Agent to complete)  PLEASE DELIVER THE FOLLOWING ITEM(S) TO THE UNDERMENTIONED AGENT(S)   |  |  | | --- | --- | | ITEM(S) | AGENT CODE | |  |  | |  |  | |  |  | |  |  | | |  |  |
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| **ENDURING POWER OF ATTORNEY**  (Pursuant to section 6 of the Powers of Attorney and Agency Act 1984) |
| PRIVACY COLLECTION STATEMENT: The information in this form is collected under statutory authority and is used for maintaining publicly searchable registers and indexes. It may also be used for authorised purposes in accordance with Government legislation and policy requirements. |
| **DONOR(S)** (Full name and address)  {{p donor\_clause}}  DO HEREBY NOMINATE CONSTITUTE AND APPOINT |
| **DONEE(S)** (Full name and address)  {{p donee\_clause}} |
|  |
| THIS AUTHORITY IS SUBJECT TO THE FOLLOWING CONDITIONS, LIMITATIONS OR EXCLUSIONS:  Nil. |

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| DATED…...………………………………………………………….  **EXECUTION**  IN WITNESS WHEREOF I donorhave hereto set my hand and seal  DATED……………………………………………………………  SIGNED BY THE DONOR AS A DEED  ……………………………………………………………………….  (Signature of donor)  IN THE PRESENCE OF  ……………………………………………………………………….  (Witnessed by a person authorised at law to take affidavits). |
| **FORM OF ACCEPTANCE**  «EPA\_PREFIX», «EPA\_STATEMENT\_NAMES»,  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:   1. that the power of attorney is an enduring power of attorney and as such may be exercised by us not withstanding any subsequent legal incapacity of the donor or in the event of any subsequent legal incapacity of the donor   AND   1. that we will, by accepting this power of attorney, be subject to the requirements of the *Powers of Attorney and Agency Act 1984* (SA).   **Delete any extra INSERTDOC lines.** |