

INSTRUCTIONS FOR POWER OF ATTORNEY

1. Client and Delivery Instructions

Date Required By: _____

<p>TO: MELLOR OLSSON Lawyers 80 King William Street Adelaide SA 5000</p> <p>Ph: 8414 3521 Fax: 8414 3455</p> <p>Att: _____</p>	<p>FROM: _____</p> <p>Delivery _____</p> <p>Address _____</p> <p>_____</p> <p>Ph: _____ Fax: _____</p> <p>Att: _____</p>
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2. Client Details

2.1 Name of Client: _____
2.2 Address of Client: _____ P/C _____

3. Grantor

3.1 Name: _____
3.2 Address: _____ P/C: _____
3.3 Occupation: _____ Phone: _____

4. Attorney(s)

4.1	Name: _____	
	Address: _____	P/C _____
	Occupation: _____	Relationship _____ Phone: _____
	<input type="checkbox"/> Sole	
4.2	Name: _____	
	Address: _____	P/C _____
	Occupation: _____	Relationship _____ Phone: _____
	<input type="checkbox"/> Joint	<input type="checkbox"/> Joint and Several
		<input type="checkbox"/> Substitute
4.3	Name: _____	
	Address: _____	P/C _____
	Occupation: _____	Relationship _____ Phone: _____
	<input type="checkbox"/> Joint	<input type="checkbox"/> Joint and Several
		<input type="checkbox"/> Substitute

5. Power of Attorney

5.1	Enduring <input type="checkbox"/>	General <input type="checkbox"/>
5.2	Powers: Unlimited <input type="checkbox"/>	
	If limited <input type="checkbox"/> please specify	

