

CLIENT AUTHORISATION

When this form is signed, the Representative is authorised to act for the Client in a Conveyancing Transaction(s)

Privacy Collection Statement: The information in this form is collected under statutory authority and used for the purpose of maintaining publicly searchable registers and indexes.

Representative Reference: 1800496

CLIENT DETAILS

NAME
ACN/ARBN
ADDRESS

CLIENT 1

Amanda Katrina Munro

8 Ruabon Road, Toorak VIC 3142

CLIENT 2

John Bradfield Munro

8 Ruabon Road, Toorak VIC 3142

TRANSACTION DETAILS

AUTHORITY TYPE



SPECIFIC AUTHORITY
(set out conveyancing transaction details below)



STANDING AUTHORITY
ends on revocation or expiration date: / /
(tick relevant conveyancing transaction(s) below)



BATCH AUTHORITY
(attach details)

CONVEYANCING TRANSACTION(S) 1

CONVEYANCING TRANSACTION(S) 2

PROPERTY ADDRESS

8 RUABON ROAD, TOORAK 3142

LAND TITLE REFERENCE(S)
(and/or property description)

VOLUME 10866 FOLIO 012
LOT 1 PLAN TP226166R

CONVEYANCING TRANSACTION(S)



TRANSFER



MORTGAGE



CAVEAT



PRIORITY/
SETTLEMENT
NOTICE



DISCHARGE/
RELEASE OF
MORTGAGE



WITHDRAWAL
OF CAVEAT



OTHER



TRANSFER



MORTGAGE



CAVEAT



PRIORITY/
SETTLEMENT
NOTICE



DISCHARGE/
RELEASE OF
MORTGAGE



WITHDRAWAL
OF CAVEAT



OTHER

ADDITIONAL INSTRUCTIONS

CLIENT 1 / CLIENT AGENT 1

CLIENT 2 / CLIENT AGENT 2

I CERTIFY that:

- (a) I am the Client or Client Agent; and
- (b) I have the legal authority to instruct the Representative in relation to the Conveyancing Transaction(s); and
- (c) If I am acting as a Client Agent that I have no notice of the revocation of my authority to act on behalf of the Client.

I AUTHORISE the Representative to act on my behalf, or where I am a Client Agent to act on behalf of the Client, in accordance with the terms of this Client Authorisation and any Participation Rules and any Prescribed Requirement to:

- (a) sign Documents on my behalf as required for the Conveyancing Transaction(s); and
- (b) submit or authorise submission of Documents for lodgement with the relevant Land Registry; and
- (c) authorise any financial settlement involved in the Conveyancing Transaction(s); and
- (d) do anything else necessary to complete the Conveyancing Transaction(s).

CLIENT/CLIENT AGENT NAME:

Amanda Katrina Munro

CAPACITY:

AUSTRALIAN CONSULAR OFFICE WITNESS (if applicable)

NAME:

DATE:

DATE: 24.12.18

CLIENT/CLIENT AGENT NAME:

John Bradfield Munro

CAPACITY:

AUSTRALIAN CONSULAR OFFICE WITNESS (if applicable)

NAME:

DATE:

REPRESENTATIVE

REPRESENTATIVE AGENT (if applicable)

NAME

Eidelweisz Lawyers Pty Ltd

ABN/ACN/ARBN

ACN 621191142

ADDRESS

Suite 104 Ground Floor, 470 St Kilda Road, Melbourne

I/We CERTIFY that reasonable steps have been taken to ensure that this Client Authorisation was signed by each of the Persons named above as Client or Client Agent.

SIGNATURE OF REPRESENTATIVE OR REPRESENTATIVE AGENT IF APPLICABLE

DATE:

SIGNATORY NAME:

CAPACITY:

DATE

SIGNATORY NAME:

CAPACITY: