

CLIENT AUTHORISATION

Version 7

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 and for the other purposes set out in clause 4.1 of this form.

Representative Reference: [BLOGGS-16-4-15](#)

CLIENT DETAILS	CLIENT 1	CLIENT 2	
	NAME	FREDERICK BLOGGS	
	ACN/ARBN		
ADDRESS	11/53 ALBERT ST, BRISBANE		

TRANSACTION DETAILS	AUTHORITY TYPE		
	<input checked="" type="checkbox"/> SPECIFIC AUTHORITY <small>(set out conveyancing transaction details below)</small>	<input type="checkbox"/> STANDING AUTHORITY <small>ends on revocation or expiration date: ___/___/___ (tick relevant conveyancing transaction(s) below)</small>	<input type="checkbox"/> BATCH AUTHORITY <small>(attach details of conveyancing transaction(s))</small>
	CONVEYANCING TRANSACTION(S) 1	CONVEYANCING TRANSACTION(S) 2	
PROPERTY ADDRESS	11/53 ALBERT ST, BRISBANE		
LAND TITLE REFERENCE(S) <small>(and/or property description)</small>	71011681 LOT 1 ON RP 1569		
CONVEYANCING TRANSACTION(S)	<input checked="" type="checkbox"/> TRANSFER <input type="checkbox"/> MORTGAGE <input type="checkbox"/> CAVEAT <input type="checkbox"/> PRIORITY NOTICE <input type="checkbox"/> DISCHARGE/RELEASE OF MORTGAGE <input type="checkbox"/> WITHDRAWAL OF CAVEAT <input type="checkbox"/> OTHER (set out below or attach details))	<input type="checkbox"/> TRANSFER <input type="checkbox"/> MORTGAGE <input type="checkbox"/> CAVEAT <input type="checkbox"/> PRIORITY NOTICE <input type="checkbox"/> DISCHARGE/RELEASE OF MORTGAGE <input type="checkbox"/> WITHDRAWAL OF CAVEAT <input type="checkbox"/> OTHER (set out below or attach details))	
ADDITIONAL INSTRUCTIONS			

CLIENT AUTHORITY AND SIGNING	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 lodgment 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).	
	<u>Mary Elizabeth Bloggs</u> DATE <u>16 /04 /15</u> SIGN HERE CLIENT/CLIENT AGENT NAME MARY ELIZABETH BLOGGS CAPACITY <u>Attorney for Frederick Bloggs under PA P123456</u>	_____ CLIENT/CLIENT AGENT NAME _____ CAPACITY
If applicable AUSTRALIAN CONSULAR OFFICE WITNESS or IDENTITY AGENT (if not a Representative Agent) NAME DATE	If applicable AUSTRALIAN CONSULAR OFFICE WITNESS or IDENTITY AGENT (if not a Representative Agent) NAME DATE	

REPRESENTATIVE DETAILS AND SIGNING	REPRESENTATIVE	REPRESENTATIVE AGENT (if applicable)	
	NAME	Lamb Lawyers	
	ACN/ARBN	101 469 147	
ADDRESS	1/100 QUEEN STREET, BRISBANE		
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:			
<u>Lawrence Lawyer</u> DATE <u>16 /04 /15</u> SIGN SIGNATORY NAME: LAWRENCE LAWYER	_____ SIGNATORY NAME:	_____ SIGNATORY NAME:	
CAPACITY:			