



**DEED OF REVOCATION OF POWER OF ATTORNEY\***  
*Powers of Attorney Act 2000*

I .....

(Full name of Donor of Power of Attorney)

of .....

(Address of the Donor of the Power of Attorney)

**HEREBY REVOKE THE**

Power of Attorney dated ..... (date of power of attorney)

Registered number PA ..... (registered power of attorney number)

(“the Power of Attorney”)

**MADE BY ME, WHICH APPOINTED**

.....

.....

(Names of Attorney/s appointed)

as my Attorney/s.

**EXECUTED AS A DEED**

.....

(Donor's signature)

Dated this .....day of .....20

In the presence of: -

Signature of witness: .....

Full name of witness: .....

Address of witness: .....

**\*Important**

The Recorder of Titles will register notice of the revocation of this Power of Attorney on the Powers of Attorney Register. The Recorder of Titles does not contact or give notice of revocation of a Power of Attorney to an Attorney. This Notice does not replace any obligation on the part of the Donor to give notice to an Attorney. The office of the Recorder of Titles cannot provide legal advice. Independent legal advice should be obtained to resolve any queries about the Power of Attorney and required actions to effectively revoke it.

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: .....

.....

**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.

PANEL A

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

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

PANEL B

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.

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.'