

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING POWER OF ATTORNEY - MEDICAL (1 ATTORNEY & 1 ALTERNATE ATTORNEY)

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at www.shelcom.com.au/trading-terms. By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.



This Power of Attorney is designed for a person to give a power of attorney:

- for medical decisions to be made on their behalf; and
- to 1 person and should that person be unable or unwilling to act as attorney, then the nominated alternate person can act as the attorney.

DETAILS OF DONOR (person GIVING the Power of Attorney)

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Occupation: _____

DETAILS OF ATTORNEY

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

DETAILS OF ALTERNATE ATTORNEY

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

(The Enduring Power of Attorney is made under Section 5A of the *Medical Treatment Act 1988*. Should you have any specific requirements which need to be specified in the deed, please advise us with your instructions)

Specific Instructions (if required)

PAYMENT DETAILS:

Credit Card:

Visa Mastercard Bankcard AMEX Diners

Card Number:

Card Holder: _____

Expiry Date / Card Holders Signature _____

Direct Debit:

BSB: 063 303 Account Number: 1004 9522

Please quote Invoice Number as reference.