

To: Shelcom Corporate Services
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204
📧 companies@shelcom.com.au

INSTRUCTIONS REGARDING APPOINTMENT OF ENDURING GUARDIAN (1 GUARDIAN & 1 ALTERNATE GUARDIAN)

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

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.



This Appointment of Enduring Guardian is designed for a person to appoint 1 person to be their Guardian and should that person be unable or unwilling to act as Guardian, then the nominated alternate person can act as the Guardian.

The Appointer authorises their Guardians (if the Appointer becomes unable by person of a permanent or long term disability) to make reasonable judgments in respect of any matters relating to their personal circumstances, to exercise the powers of a Guardian under Section 24 of the *Guardianship and Administration Act 1986*, being all the powers that a parent may exercise in respect of his or her child, including:

- To decide where the Appointer will live;
- To decide with whom the Appointer will live;
- To decide whether the Appointer should or should not be permitted to work and matters related thereto;
- To consent to the Appointer's health care; and
- To restrict visitors to the Appointer.

DETAILS OF APPOINTER (person APPOINTING the Guardians)

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

DETAILS OF GUARDIAN

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

DETAILS OF ALTERNATE GUARDIAN

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

(This Appointment of Enduring Guardian is made under Division 5A of Part 4 of the *Guardianship and Administration Act 1986*. 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.