

To: Shelcom Corporate Services  
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**INSTRUCTIONS REGARDING POWER OF ATTORNEY (FINANCIAL – 2 ATTORNEYS)**

**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 Power of Attorney is designed for a person to give a power of attorney (financial) to two (2) persons who must act unanimously in exercising their powers.**

**DETAILS OF DONAR (person GIVING the Power of Attorney)**

Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_

**DETAILS OF ATTORNEY 1**

Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_

**DETAILS OF ATTORNEY 2**

Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_

(The Enduring Power of Attorney is made under Part XIA of the *Instruments Act 1958* and has effect as a deed. 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.