

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING POWER OF ATTORNEY (FINANCIAL – 1 ATTORNEY & 1 ALTERNATE ATTORNEY)

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 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.
Example - Husband and Wife**

DETAILS OF DONAR (person GIVING the Power of Attorney)

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

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 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.