

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: _____

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:

- for medial 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 DONAR (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.