

CLIENT AUTHORISATION

When this form is signed, the Representative is authorised to act for the Client in a Conveyancing Transaction(s).

Privacy Collection Statement: The information in this form is collected under statutory authority and used for the purpose of maintaining publicly searchable registers and indexes.

Representative Reference: _____

CLIENT NAME AND ADDRESS (Each individual to complete a separate form)

CLIENT DETAILS

NAME

(Full name)

ACN/ARBN

ADDRESS

(Current physical residential address)

AUTHORITY TYPE

SPECIFIC AUTHORITY

STANDING AUTHORITY

BATCH AUTHORITY

(Client adds property address here)

(set out conveyancing transaction details below)

ends on revocation or expiration date: ___/___/___

(attach details of conveyancing transaction(s))

CONVEYANCING TRANSACTION

PROPERTY ADDRESS

(and/or property description)

CONVEYANCING TRANSACTION(S)

TRANSFER

MORTGAGE

CAVEAT

PRIORITY/
SETTLEMENT
NOTICE

DISCHARGE/
RELEASE OF
MORTGAGE

WITHDRAWAL
OF CAVEAT

OTHER

ADDITIONAL INSTRUCTIONS

TRANSACTION DETAILS

CLIENT/ CLIENT AGENT

I CERTIFY that:

- I am the Client or Client Agent; and
- I have the legal authority to instruct the Representative in relation to the Conveyancing Transaction(s); and
- If I am acting as a Client Agent that I have no notice of the revocation of my authority to act on behalf of the Client.

I AUTHORISE the Representative to act on my behalf, or where I am a Client Agent to act on behalf of the Client, in accordance with the terms of this Client Authorisation and any Participation Rules and any Prescribed Requirement to:

- sign Documents on my behalf as required for the Conveyancing Transaction(s); and
- submit or authorise submission of Documents for lodgement with the relevant Land Registry; and
- authorise any financial settlement involved in the Conveyancing Transaction(s); and
- do anything else necessary to complete the Conveyancing Transaction(s).

(Client signs here)

X

SIGN HERE

(Client to add date)

DATE / /

(Client writes "Purchaser" or "Vendor")

CAPACITY (e.g. Purchaser/Vendor/Attorney):

AUSTRALIAN CONSULAR OFFICE WITNESS (if applicable)

NAME

DATE

CLIENT AUTHORISATION AND SIGNING

REPRESENTATIVE

NAME

Lawyers Real Estate Pty Ltd (trading as Lawyers Conveyancing)

ACN/ARBN

ABN 42 395 990 189

ADDRESS

Suite 6, 3-5 Hewish Road, Croydon, Victoria 3136

I CERTIFY that reasonable steps have been taken to ensure that this Client Authorisation was signed by the Person named above as Client or Client Agent.

SIGNATURE OF ZipID REPRESENTATIVE AGENT:

(Lawyers Conveyancing solicitor will sign here when form is submitted):

X

SIGN HERE

DATE / /

SIGNATORY NAME:

CAPACITY:

REPRESENTATIVE DETAILS AND SIGNING