

DOCUMENT REQUEST Who owns the documents being requested?

Client 1:

Client 2:

Address:

Telephone: Email:

Are you the person whose document(s) are being requested? Yes No If no, please outline who you are and the authority you rely on to make this request:

Individual 1:

Address:

Telephone: Email:

Authority to request: Attorney/Administrator Executor Other (please specify):

Individual 2:

Address:

Telephone: Email:

Authority to request: Attorney/Administrator Executor Other (please specify):

AUTHORISATION/IDENTIFICATION

Identification: One form of Primary ID required for each client and requesting party (where appropriate); it must be original or certified copy.

Australian driver's licence OR Australian passport

Requesting Party: If you are not the Client, we may also require further documents from you such as:

Attorney Certified copy of Power of Attorney
 Evidence of incapacity - original or certified copy medical certificate or orders from State Administrative Tribunal.
 Written statement by Client authorising you to make enquiry or collect documents

Executor/Administrator Evidence of death - original or certified copy of Death certificate
 Grant of Probate/letter of administration (if we don't hold the final will)

Other evidence (if not within above categories)

Note: **Certified copy** means a photocopy of your photo ID, certified by a person authorised by Oaths, Affidavits & Statutory Declaration Act, such as a lawyer, medical practitioner, pharmacist, JP, accountant or police officer. You can email certified ID. Alternatively, you can bring your original ID into our office and we will certify. Where there is more than one attorney or executor/administrator, but only one person is collecting the documents, then written authorisation and certified photo ID is required from all parties.

DOCUMENTS REQUESTED

Complete packet containing all original document(s) held Original Certified Copies only

OR Specified documents:

Collection Method (choose one): Personal collection Email Regular post Express or registered
Please note postal costs apply.

Please be advised that a member of our team will be in touch to discuss your request within 48 hours of receiving your completed request form.

AUTHORITY TO RELEASE

Signature 1: Signature 2:

Print name: Print name:

Date: Date: