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Order Form – POWER OF ATTORNEY – COMPANY DIRECTOR - July 2018

YOUR FIRM	
YOUR NAME	
DELIVERY ADDRESS	

DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS

OPTION 1 Doc. in triplicate (Hardcopy) <input type="checkbox"/> Yes \$495	OPTION 2 Electronic Deed Only <input type="checkbox"/> Yes \$465	EXTRAS Doc (Hardcopy) <input type="checkbox"/> Yes \$11 Doc (Electronic) <input type="checkbox"/> Yes \$11
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COMPANY'S NAME	
COMPANY'S A.C.N.	
REGISTERED OFFICE	
FULL NAME OF DIRECTOR	
FULL NAME OF ATTORNEY TO BE APPOINTED	
ADDRESS OF ATTORNEY TO BE APPOINTED	

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name		Cardholder's Signature	