

CLIENT AUTHORISATION

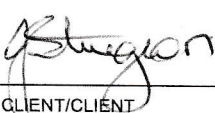
When this form is signed, the Subscriber is authorised to act for the Client in a Conveyancing Transaction(s)

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.

Subscriber Reference: LJS:ELB:210302:STURGEON

CLIENT DETAILS	CLIENT 1		CLIENT 2	
	NAME	JOANNE ROSE STURGEON		
	ACN/ARBN			
	ADDRESS	33 Shelley Street		
	BURNETT HEADS QLD 4670			

TRANSACTION DETAILS	AUTHORITY TYPE	<input checked="" type="checkbox"/> SPECIFIC AUTHORITY <small>(transaction details below)</small>	<input type="checkbox"/> STANDING AUTHORITY <small>ends on revocation or expiration date: / /</small>	<input type="checkbox"/> BATCH AUTHORITY <small>(attach details)</small>
		CONVEYANCING TRANSACTION(S) 1		CONVEYANCING TRANSACTION(S) 2
	PROPERTY ADDRESS	Unit 9, 33 Zunker Street, Burnett Heads, QLD, 4670		
	LAND TITLE REFERENCE(S) <small>(and/or property description)</small>	50149262 – Lot 9 on BUP 105083		
CONVEYANCING TRANSACTION(S)	<input checked="" type="checkbox"/> TRANSFER <input checked="" type="checkbox"/> PRIORITY/ SETTLEMENT NOTICE <input type="checkbox"/> OTHER	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> DISCHARGE RELEASE OF MORTGAGE <input type="checkbox"/> CAVEAT <input type="checkbox"/> WITHDRAW CAVEAT	<input type="checkbox"/> TRANSFER <input type="checkbox"/> MORTGAGE <input type="checkbox"/> CAVEAT <input type="checkbox"/> PRIORITY/ SETTLEMENT NOTICE <input type="checkbox"/> DISCHARGE RELEASE OF MORTGAGE <input type="checkbox"/> WITHDRAW CAVEAT <input type="checkbox"/> OTHER	
ADDITIONAL INSTRUCTIONS				

CLIENT AUTHORISATION AND SIGNING	CLIENT 1 / CLIENT AGENT 1		CLIENT 2 / CLIENT AGENT 2	
	I CERTIFY that:			
	(a) I am the Client or Client Agent; and			
	(b) I have the legal authority to instruct the Subscriber in relation to the Conveyancing Transaction(s); and			
(c) 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 Subscriber 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:				
(a) sign Documents on my behalf as required for the Conveyancing Transaction(s); and				
(b) submit or authorise submission of Documents for lodgment with the relevant Land Registry; and				
(c) authorise any financial settlement involved in the Conveyancing Transaction(s); and				
(d) do anything else necessary to complete the Conveyancing Transaction(s).				
		DATE: 16/5/23		
	CLIENT/CLIENT AGENT NAME:	Joanne Rose Sturgeon	CLIENT/CLIENT AGENT NAME:	
	CAPACITY:		CAPACITY:	

SUBSCRIBER DETAILS AND SIGNING	SUBSCRIBER		AGENT (if used)	
	NAME	J. Hamilton & Associates		
	ABN/ACN/ARBN	ABN 22 156 691 308		
	ADDRESS	1st Floor, 45 Victoria Street, Mackay QLD 4740		
	I/We CERTIFY that reasonable steps have been taken to ensure that this Client Authorisation was signed by each of the Persons named above as Client or Client Agent.			
	SIGNATURE OF SUBSCRIBER OR AGENT IF APPLICABLE			
		DATE:		DATE:
	SIGNATORY NAME:	Louise Sawtell	SIGNATORY NAME:	
	CAPACITY:	Solicitor	CAPACITY:	