

Power of Attorney or Administrator Notice

This form is to be completed by the appointed Attorney or Administrator for a Member of Queensland Country Bank Limited to register a Power of Attorney or the Principal (Member) to advise a revocation of a Power of Attorney.

Member Details	
Member Name: <input type="checkbox"/> NEW	Member Number: <input type="checkbox"/> Revocation of Power of Attorney by Principal (Member)
Attorney or Administrator Details	
Member Number	If not existing member, complete QCM 0017 Customer Details (Non-Member)
Surname	First Names
Member Number	If not existing member, complete QCM 0017 Customer Details (Non-Member)
Surname	First Names
Attorney or Administrator Appointment (select one)	
<input type="checkbox"/> Sole <input type="checkbox"/> Jointly <input type="checkbox"/> Severally <input type="checkbox"/> Jointly & Severally <input type="checkbox"/> Other – provide details	
Documentary Requirements – Note the following documentation must accompany this application	
<input type="checkbox"/> Power of Attorney (original or certified copy) <input type="checkbox"/> Other Document*	
<small>*Other document, regarding the commencement of the Power of Attorney, if reliant on defined circumstances (e.g. a Medical Certificate confirming loss of capacity if Enduring Power of Attorney.</small>	
<input type="checkbox"/> Administration Order (original or certified copy)	
Privacy Statement and Declaration by Attorney or Administrator	
I have received the Privacy and Credit Reporting Notification, Financial Services Guide and Account & Access Facility Conditions of Use.	
With respect to the powers conferred I confirm that:	
<input type="checkbox"/> This Power of Attorney document is a current Power of Attorney and has not been revoked in whole or in part.	
<input type="checkbox"/> This Administration Order is dated / / operates for years, expiring / /	
Signature	Date / /
Full Name	Position
Signature	Date / /
Full Name	Position

POA Revocation Notice by Principal (Member)

If the EPOA we hold on file has been revoked, a new EPOA will need to be provided in the future should the principal appoint new or same attorneys.

I (Principal) _____ revoke the EPOA previously provided to Queensland Country Bank. I understand a new EPOA will need to be provided.

Signature _____ Date _____ / _____ / _____

Document Checks

If an **ORIGINAL Document** is provided:

- Copy each page (2 sided is acceptable)
- Mark copy with "original full copy of POA sighted", date stamp and staff initials

If a **Certified Copy of Power of Attorney** is provided, check that:

- Each page has been initialled or signed by the certifier
- The first or last page has certification to the effect that the document is a "true & correct copy of the original"

Certification was completed by (select one)

- Commissioner of Declarations
- Justice of the Peace
- Lawyer/Solicitor

If a **Certified Copy of Administration Order** is provided, check that:

- The document is certified as a "true and complete copy of the original"

Certification was completed by (select one)

- Commissioner of Declarations
- Justice of the Peace
- Lawyer/Solicitor

Note: A copy of a Certified Copy is not acceptable.

- Email Power of Attorney or Administration Order with form to membershipsupport@queenslandcountry.bank

Branch Use Only

Date _____ / _____ / _____

- Documents checked
- AML ID completed
- Customer loaded
- CHK 0719 POA
- Pop-Up RIM note
- Filebound to Primary RIM
- CHK 0752 Admin Order
- Full Admin Order loaded

Cancellation Checks – Administration Orders can only be cancelled by the Authority that issued them or a pre-set expiry date.

- Verify ID
- Check Authority
- Pop-Up RIM note
- Filebound to Primary RIM