Form 53e

To be inserted by Court	
Case Number:	
Date Filed:	
FDN:	

AUTHORISATION

[SUPREME/DISTRICT/MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA [COURT OF APPEAL] If applicable SPECIAL STATUTORY JURISDICTION [NAME OF LIST] LIST If applicable

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.

[*FULL NAME*] Applicant

[FULL NAME] Respondent

Party Title	Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))				
Address for service				• • •	
	Street Address (including unit or level number and name of property if required)				
	City/town/suburb	State	Postcode	Country	
	Email address				
Phone Details					
	Type - Number				

Duplicate panel if multiple Parties

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Authorisation
[<i>I/We</i>] authorise the above named to file and serve documents on [<i>my/our</i>] behalf.
Signature(s)
Name(s) printed
If applicable Office held by signatory within body corporate (director/secretary)
Date

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

Parties are required to provide an email address for communications with the Court and with other parties. Documents in the case can and will be served by email except when the Rules of Court require personal service.

Note to Authorising Party

If you no longer wish the authorised person to file and serve documents on your behalf, you will need to file a Deauthorisation.