To be inserted by Court					
Case Number:					
Date Filed:					
FDN:					
DE-AUTHORISATION					
SUPREME/DISTRICT/MAGI COURT OF APPEAL] If applicat SPECIAL STATUTORY JURI NAME OF LIST] LIST If applicat	SDICTION	ect one COURT OF SOL	JTH AUSTRALIA		
Please specify the Full Name including capac number if more than one party of the same type		Frustee) and Litigation Guardian N	Name (if applicable) for each party. Eac	ch party should include a party	
<i>FULL NAME</i>] Applicant					
FULL NAME] Respondent					
Party Title Address for service	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guard	dian Name (if applicable))	
	Street Address (including unit or	level number and name of proper	ty if required)		
	City/town/suburb	State	Postcode	Country	
Phone Details	Email address				
Filotie Details	Toma Number				
Ouplicate panel if multiple Parties	Type - Number				
De-authorisation [//We] no longer authorise the [My/Our] address for service		n to file and serve doc	cuments on [<i>my/our</i>] beha	ılf.	
Signature(s)					
Name(s) printed					

Form 54e

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.