**DE-AUTHORISATION**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

COURT OF APPEAL **Circle 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.**

Applicant ………………………………………………………………………………………………..

Respondent ………………………………………………………………………………………………..

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| **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** | | | |

**Leave blank if not required / applicable**

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| Phone Details |  | | | |
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**Leave blank if not required / applicable**

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|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Phone Details |  | | | |
| **Type - Number** | | | |

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| **De-authorisation**  [*I/We*]no longerauthorise the above named person to file and serve documents on [*my/our*] behalf.  [*My/Our*] address for service is as above.  …………………………………….  Signature(s)  …………………………………………  Name(s) printed  …………………………………………  **If applicable** Office held by signatory within body corporate (director/secretary)  …………………………………………  Date |

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| **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. |