To be inserted by Court							
Case Number:							
Date Filed:							
FDN:							
DE-AUTHORISATION							
SUPREME / DISTRICT / MACCOURT OF APPEAL circle if app SPECIAL STATUTORY JURI	plicable ISDICTION	Circle one COURT OF S	OUTH AUSTRALIA				
Please specify the Full Name including capa number if more than one party of the same ty		rustee) and Litigation Guardian	Name (if applicable) for each party. Ea	ch party should include a party			
Applicant							
Respondent							
Party Title Address for service	Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))						
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Form 54h

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Do authorization							
De-authorisation							
[//We] no longer authorise 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)							
rrapplicable Office field by signatory within body corporate (director/secretary)							

Service

Date

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.