To be inserted by Court					
Case Number:					
Date Filed:					
FDN:					
AUTHORISATION					
SUPREME/DISTRICT/MAG COURT OF SOUTH AUSTRA [COURT OF APPEAL] If applica CIVIL JURISDICTION [MINOR CIVIL] If applicable [NAME OF LIST] LIST If applica	ALIA ble	MENT, RESOURCES	AND DEVELOPMENT/	YOUTH] Delete all but one	
Please specify the Full Name including capa number if more than one party of the same ty	city (eg Administrator, Liquidator, T pe.	Frustee) and Litigation Guardian N	Name (if applicable) for each party. Ea	ach party should include a party	
First Applicant					
First Respondent					
First Interested Party					
Party Title	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Gua	rdian Name (if applicable))	
Address for service					
	Street Address (including unit or	level number and name of proper	ty if required)		
	City/town/suburb	State	Postcode	Country	
	Email address				
Phone Details					
Duplicate panel if multiple Parties	Type - Number				
Authorization					
Authorisation [//We] authorise the above r	named to file and serve	documents on [my/ou	<i>ur</i> ] behalf.		
Signature(s)					

## Form 21

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.