## **CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY**

Title



For the purposes of section 20(3) of the Property Law Act 2007, Sovereign is requiring a Certificate of Non-Revocation of Power of Attorney to confirm the Power of Attorney hasn't been revoked or suspended. Therefore, you should fill out this form to advise us that a Power of Attorney is still in place at the time of making any requests relating to the policy. A Certificate of Non-Revocation of Power of Attorney needs to be dated on or subsequent to the date of the alteration request.

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Power	of Atto	rney H	Ioldei

Fill in this section to let us know the current details of the person appointed under the Power of Attorney. If a joint Power of Attorney is in place, a Certificate of Non-Revocation of Power of Attorney form needs to be completed for each Power of Attorney.

Last name and first names

Name of Power of Attorney Holder	Title Last name and first names									
Mailing address	Street									
	Suburb		Town/City			Postcode				
Email address										
Telephone	Home phone	Business phone ( )	Business phone		Mobile ( )					
2 Appointor details  Fill in this section to let us know the current details of the person who appointed you as their Power of Attorney.										
Name of Appointor	Title Last name and first names									
Mailing address	Street									
	Suburb		Town/City			Postcode				
Email address										
Telephone	Home phone	Business phone		Mobile ( )						
3 Certificate of Non-Revocation of Power of Attorney										
I, <u>name</u>	, of <u>city</u>		in New Ze	ealand, occupation		, hereby certify:				
> That by deed dated date	, name			, of city		, in New Zealand,				
appointed me his/her attorney on the terms and subject to the conditions set out in the said deed.										
> That the date hereof I have not received an	ny notice or information of the	revocation of that app	ointment b	by the death of the sa	id					
name or otherwise.										
> That at the date hereof, I have not received written notice suspending my authority to act under the power of attorney.										
Signature of Attorney/Appointee					Date	Month Year				
Place this declaration was made (e.g. Auckland or Wellington)										

## 4 Returning your form/should you have any questions

Please check that all details are correct then return this form to Private Bag Sovereign, Victoria Street West, Auckland 1142 or alternatively email enquire@sovereign.co.nz. If you have any questions, please call our Customer Relationship Team on 0800 500 108 between 8am and 6pm Monday to Friday.

Freephone 0800 500 108

Email enquire@sovereign.co.nz

Freefax 0800 329 768

Web sovereign.co.nz