

REQUEST FOR RELEASE OF DOCUMENTS HELD IN SAFE CUSTODY Please email completed form to safecustody@moores.com.au

	ENT REQUEST	eing requested:						
Client 1:								
Client 2:	:							
Address	:							
Telephor	ne: (()						
Email:								
Are you th	ne person whose	document(s) ar	e being requested?					
Yes	OR _	No						
lf no, plea	use outline who	you are and the c	uthority you rely on 1	to r	nake this request:			
Individu	al 1:							
Address	:							
Telephor	ne:	()						
Email:								
Authorit	ty to request:	Attorney/A	Attorney/Administrator		Executor		Other:	
Individu	al 2:							
Address	:							
Telephor	ne:	()						
Email:		()						
Authority to request:		Attorney/Administrator			Executor Other:		Other:	
Requestin	ne form of Prin				nust be original or certified† copy n Passport):		
2. <u>A</u>	<u>nd</u> if you are no	ot the person wh	ose documents are b	ein	g requested:			
A	ttorney / VCAT	* Certified [†] copy of Power of Attorney OR VCAT Administration order * Evidence of a lack of decision making capacity [†] – Original or certified [†] copy Medical Certificate (If the person has capacity, they need to sign this authority)						
Executor / Administrator		nistrator	* Evidence of death – Original or certified† copy of Death Certificate					
			* Grant of probate / letter of administration (if we don't hold the final Will)					
	Other evidence (if not within above categories)							
w	ithin above cat	egories)	*required					
Note:	† Certified copy means a photocopy of your ID certified by a lawyer, medical practitioner, pharmacist, JP, accountant or police officer. An uncertified photocopy is not sufficient. You can email certified ID. Alternatively, you can bring your original photo ID to Moores and we will certify. Multiple Attorneys/Executors written authorisation and certified photo ID is required from all parties.							

- [†] At a minimum, evidence of a lack of decision making capacity will require a <u>signed</u> and <u>dated</u> letter from a medical practitioner that states in their opinion that:
 - i. the person does not have decision making capacity; and
 - ii. the diagnosis or other reason for lack of decision making capacity.

MODE OF COLLECTION	ИC	DE	OF	CO	LLE	CT	ION
--------------------	----	----	----	----	-----	----	-----

Choose <u>one</u>	Collection Method			
	Personal collection			
	Email			
	Regular post			
	Registered Post			
Please also tick below if required urgently				
	Urgent (less than 5 business days) - NB costs below			

DOCUMENTS REQUESTED

We can only release original Wills to the Willmaker

Choose one		Original	Certified copy	Number of copies
	Complete packet containing all original document(s) held in safe custody			
	Specified document(s) as follows:			

NOTE:

- i Provision of 3 copies of each document in one calendar year is complimentary. Additional copies or certified copies will incur a charge of \$10.00 + GST per document.
- ii. Urgent requests that require a file recall from offsite facilities will incur a charge of \$80.00 + GST.

We will confirm charges with you if necessary and will require payment upfront.

AUTHORITY TO RELEASE

I warrant that I am duly authorised to make this request for documents and hereby authorise Moores to release the requested documents:

Signature:	1	2
Print name:		
Date:		

WHAT HAPPENS NEXT?

- 1. Once completed, please print and sign this form and email executed form to safecustody@moores.com.au
- 2. We will assess your request within 5 business days from the date on this form or the date of receipt of the email and confirm the next steps after that.
- 3. Once all requirements are met, we will deliver the documents as per mode of collection.

