

DOCUMENT REQUEST

Whose documents are being requested:

Client 1:	
Client 2:	
Address:	
Telephone:	()
Email:	
Yes O	n whose document(s) are being requested? No ne who you are and the authority you rely on to make this request:
Individual 1:	
Address:	
Telephone:	()

Email:			 	
Authority to request:		Attorney/Administrator	Executor	Other:
Individual 2:				
Address:				
Telephone:	()		
Email:	()		
Authority to request:		Attorney/Administrator	Executor	Other:

AUTHORISATION / IDENTIFICATION Requesting Party:

1. One form of Primary ID required for requesting party (must be original or certified[†] copy):

Australian	driver's	licence

Australian Passport

2. <u>And</u> if you are not the person whose documents are being requested:

OR

Attorney / VCAT Administrator	 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	 * 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)	required
e: [†] Certified copy means a pl	notocopy of your ID certified by a lawyer, medical practitioner, pharmacist, JP, accountant or

 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

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.

Level 1, 5 Burwood Road Hawthorn Victoria 3122 PO Box 6137 Hawthorn West Victoria 3122 Moores MDP Pty Ltd ACN 625 708 689

