

Instrument Revoking the Appointment of an Enduring Guardian

I _____
(insert full name, address and occupation of appointer)

Revoke the appointment of (insert full name, address and occupation of proposed guardian(s) to be revoked below) **as my guardian(s) / alternate guardian(s)**

1. _____
(Full name) (Address) (Occupation)
2. _____
(Full name) (Address) (Occupation)
3. _____
(Full name) (Address) (Occupation)
4. _____
(Full name) (Address) (Occupation)
5. _____
(Full name) (Address) (Occupation)
6. _____
(Full name) (Address) (Occupation)

This revocation of appointment as an enduring guardian is made under Part 5 of the *Guardianship and Administration Act 1995*.

(Signature of Appointor)

Certificate of Witness

We _____
(insert names, addresses and occupations of at least 2 witnesses)

And _____

Certify:-

- (a) that the appointor has signed this instrument freely and voluntarily in our presence; and
- (b) that the appointor appeared to understand the effect of this instrument.

_____ (Signature of Witness)	_____ (Signature of Witness)
_____ (Date)	_____ (Date)

Date Registered: _____

Signed by Guardianship & Administration Board