

Certificate of Non-Revocation of Power of Attorney

Customer Reference:

I, _____ of _____, _____,
(full name) (place and country of residence) (occupation)

certify -

1. That by deed dated _____, _____ of
(date of document creating the power of attorney) (full name of customer)

_____ appointed his / her attorney.
(place and country of residence)

2. That I have not received notice of any event revoking the power of attorney.

Signed: _____ Date: / /
(signature of person signing on behalf of the attorney) (dd) (mm) (yyyy)

If you have any questions or require assistance filling out this form, please email help@trademeinsurance.co.nz or call us on 0800 800 444.