

**Appointor –**

The person who makes an Enduring Guardian appointment is known as the appointor.

The appointor must have capacity in order to revoke the appointment of their Enduring Guardian.

**Note:** Before the appointor signs here they must arrange for a witness to watch them sign this form. The witness needs to complete their details opposite.

The witness cannot be the Enduring Guardian, or a substitute Enduring Guardian/s.

The witness must be an Australian legal practitioner/ Registrar of the NSW Local Court/overseas-registered foreign lawyer/approved employee of NSW Trustee & Guardian or Service NSW. Only these persons can witness the execution of this revocation.

**For information contact the Guardianship Division of the NSW Civil & Administrative Tribunal**

**Phone 02 9556 7600 or 1300 006 228**

**Telephone typewriter 02 9556 7634**

**Fax (02) 9555 9049**

**Email: gd@ncat.nsw.gov.au**

**Website: www.ncat.nsw.gov.au**

# Revocation of Appointment of Enduring Guardian

**For New South Wales**

(Guardianship Regulation 2016, Schedule 1)

I, *[your full name]*: \_\_\_\_\_

Of *[your address]*: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Revoke** the appointment of *[insert the name of each Enduring Guardian]*

\_\_\_\_\_ as my Enduring Guardian/s.

I understand that this revocation will not be effective unless the Enduring Guardian has been given/is given written notice of the revocation.

Date of original instrument of appointment \_\_\_\_\_  
*[insert if known]*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Optional – signature on my behalf**

The appointor instructed me to sign this revocation on their behalf.

Signature on behalf of appointor \_\_\_\_\_

Date \_\_\_\_\_

Signer's full name \_\_\_\_\_

Signer's address \_\_\_\_\_

Signer's phone number \_\_\_\_\_

**Witness certificate**

I, *[your full name]*: \_\_\_\_\_

Of *[your address]*: \_\_\_\_\_

Phone number: \_\_\_\_\_

Occupation:  Australian legal practitioner

Registrar of the NSW Local Court

Overseas-registered foreign lawyer

Approved employee of NSW Trustee & Guardian/  
Service NSW

**Certify that** *[Tick applicable boxes below, cross out those which do not apply]*

\_\_\_\_\_

*[insert name of appointor revoking appointment]*

appeared to understand the effect of this revocation and voluntarily executed the revocation in my presence.

The appointor revoking the appointment voluntarily instructed *[insert signer's full name]*

\_\_\_\_\_ to sign the revocation on their behalf and that person executed the revocation in my presence.

Signature \_\_\_\_\_ Date \_\_\_\_\_