

AUSTRALIAN CAPITAL TERRITORY

(S12) Guardianship and Management of Property Act 1991

APPLICATION TO REGISTER AN APPOINTMENT

To ACAT Registrar:-

I, Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

of _____

Telephone(____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

Wish to apply for the registration of:

The appointment of a guardian of a person living outside the ACT

The appointment of a manager of a person living outside the ACT

(Tick box for appointments to be registered)

DETAILS OF THE PERSON FOR WHOM THE GUARDIANSHIP OR MANAGEMENT APPOINTMENT HAS BEEN MADE

Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

Date of Birth ____ / ____ / ____

Address _____

(Postcode)

Telephone(____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

Where was the appointment of the Guardian and/or Manager made? (eg New South Wales)

What law was the appointment made under _____

What organisation made the appointment (eg the New South Wales Guardianship Tribunal)

***The original sealed copy of the order of appointment sought to be registered must be
lodged with the ACAT***

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED
GUARDIAN**

Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

Date of Birth ____ / ____ / ____

Address _____

(Postcode)

Telephone(____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED
MANAGER**

Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

Date of Birth ____ / ____ / ____

Address _____

(Postcode)

Telephone(____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

Only relevant for later review of Order
DETAILS OF INTERESTED PARTIES

* Please provide details of any carer, spouse or adult child

Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

Date of Birth ____ / ____ / ____

Address _____

(Postcode)

Telephone(____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

Relationship to the person who the Order is about _____

Mr/Mrs/Ms/Miss/Dr _____
(Given Name) (Family Name)

Date of Birth ____ / ____ / ____

Address _____

(Postcode)

Telephone (____) _____ (____) _____ (____) _____
(Daytime) (After Hours) (Fax)

Email _____

Relationship to the person who the Order is about _____

WHY RECOGNITION OF INTERSTATE ORDER IS SOUGHT

The person who the Order is about living in the Australian Capital Territory:

- Permanently
- Visiting
- Not living in the Australian Capital Territory

Why do you wish to have the Order Recognised in the Australian Capital Territory?

Name of Applicant: _____

Signature of Applicant: _____ Date ____ / ____ / ____