## **REVOCATION OF ADVANCE DIRECTIVE**

Section 1: Personal details of maker of this revocation			
Name:	(Note: Please use capital letters)		
Identity document No.:			
Gender: Male / Female			
Date of birth: /	/		
(Day) (Month)			
Contact Address:			
Home Telephone No.:			
Office Telephone No.:			
Mobile phone No.:			
Section 2: Revocation			
(1) I,	(please print name) being over the age of		
<ul><li>18 years, revoke any advance directive relating to my medical care and treatment made by me before the date of this revocation.</li><li>(2) I make this revocation in the presence of the witness named in Section III</li></ul>			
		of this revocation, who is not beneficiary under:	
		(i) my will; or	
(ii) any policy of insurance held by me; or			

(iii) any other instrument made by me or on my behalf.

Signature

Date

of the maker of this revocation

## Section 3: Witness

## **Statement of Witness**

(Note: This witness must be at least 18 years of age)

(1) I, \_\_\_\_\_ (please print name) sign below as witness.

(2) I declare that this document is made and signed in my presence.

(Signature of witness)

(Date)

Identity document No.:

Name:

Home address / Contact address:

Home Tel. No. / Contact No.: