
STATUTORY INSTRUMENTS

2007 No. 1253

MENTAL CAPACITY, ENGLAND AND WALES

The Lasting Powers of Attorney, Enduring Powers
of Attorney and Public Guardian Regulations 2007

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| <i>Made</i> | - - - - | <i>16th April 2007</i> |
| <i>Laid before Parliament</i> | | <i>17th April 2007</i> |
| <i>Coming into force</i> | - - | <i>1st October 2007</i> |

The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 13(6)(a), 58(3) and 64(1) of, and Schedules 1 and 4 to, the Mental Capacity Act 2005⁽¹⁾.

PART 1

PRELIMINARY

Citation and commencement

1.—(1) These Regulations may be cited as the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007.

(2) These Regulations shall come into force on 1 October 2007.

Interpretation

2.—(1) In these Regulations—

“the Act” means the Mental Capacity Act 2005;

“court” means the Court of Protection;

“LPA certificate”, in relation to an instrument made with a view to creating a lasting power of attorney, means the certificate which is required to be included in the instrument by virtue of paragraph 2(1)(e) of Schedule 1 to the Act;

“named person”, in relation to an instrument made with a view to creating a lasting power of attorney, means a person who is named in the instrument as being a person to be notified of any application for the registration of the instrument;

(1) 2005 c.9. Paragraph 1(3) of Schedule 1 is cited because of the meaning there given to “prescribed” and “regulations”.

“prescribed information”, in relation to any instrument intended to create a lasting power of attorney, means the information contained in the form used for the instrument which appears under the heading “prescribed information”.

Minimal differences from forms prescribed in these Regulations

- 3.—(1) In these Regulations, any reference to a form—
- (a) in the case of a form set out in Schedules 1 to 7 to these Regulations, is to be regarded as including a Welsh version of that form; and
 - (b) in the case of a form set out in Schedules 2 to 7 to these Regulations, is to be regarded as also including—
 - (i) a form to the same effect but which differs in an immaterial respect in form or mode of expression;
 - (ii) a form to the same effect but with such variations as the circumstances may require or the court or the Public Guardian may approve; or
 - (iii) a Welsh version of a form within (i) or (ii).

Computation of time

4.—(1) This regulation shows how to calculate any period of time which is specified in these Regulations.

(2) A period of time expressed as a number of days must be computed as clear days.

(3) Where the specified period is 7 days or less, and would include a day which is not a business day, that day does not count.

(4) When the specified period for doing any act at the office of the Public Guardian ends on a day on which the office is closed, that act will be done in time if done on the next day on which the office is open.

(5) In this regulation—

“business day” means a day other than—

- (a) a Saturday, Sunday, Christmas Day or Good Friday; or
- (b) a bank holiday under the Banking and Financial Dealings Act 1971(2), in England and Wales; and

“clear days” means that in computing the number of days—

- (a) the day on which the period begins, and
- (b) if the end of the period is defined by reference to an event, the day on which that event occurs,

are not included.

(2) 1971 c.80.

PART 2

LASTING POWERS OF ATTORNEY

Instruments intended to create a lasting power of attorney

Forms for lasting powers of attorney

5. The forms set out in Parts 1 and 2 of Schedule 1 to these Regulations are the forms which, in the circumstances to which they apply, are to be used for instruments intended to create a lasting power of attorney.

Maximum number of named persons

6. The maximum number of named persons that the donor of a lasting power of attorney may specify in the instrument intended to create the power is 5.

Requirement for two LPA certificates where instrument has no named persons

7. Where an instrument intended to create a lasting power of attorney includes a statement by the donor that there are no persons whom he wishes to be notified of any application for the registration of the instrument—

- (a) the instrument must include two LPA certificates; and
- (b) each certificate must be completed and signed by a different person.

Persons who may provide an LPA certificate

8.—(1) Subject to paragraph (3), the following persons may give an LPA certificate—

- (a) a person chosen by the donor as being someone who has known him personally for the period of at least two years which ends immediately before the date on which that person signs the LPA certificate;
- (b) a person chosen by the donor who, on account of his professional skills and expertise, reasonably considers that he is competent to make the judgments necessary to certify the matters set out in paragraph (2)(1)(e) of Schedule 1 to the Act.

(2) The following are examples of persons within paragraph (1)(b)—

- (a) a registered health care professional;
- (b) a barrister, solicitor or advocate called or admitted in any part of the United Kingdom;
- (c) a registered social worker; or
- (d) an independent mental capacity advocate.

(3) A person is disqualified from giving an LPA certificate in respect of any instrument intended to create a lasting power of attorney if that person is—

- (a) a family member of the donor;
- (b) a donee of that power;
- (c) a donee of—
 - (i) any other lasting power of attorney, or
 - (ii) an enduring power of attorney,which has been executed by the donor (whether or not it has been revoked);

- (d) a family member of a donee within sub-paragraph (b);
 - (e) a director or employee of a trust corporation acting as a donee within sub-paragraph (b);
 - (f) a business partner or employee of—
 - (i) the donor, or
 - (ii) a donee within sub-paragraph (b);
 - (g) an owner, director, manager or employee of any care home in which the donor is living when the instrument is executed; or
 - (h) a family member of a person within sub-paragraph (g).
- (4) In this regulation—
- “care home” has the meaning given in section 3 of the Care Standards Act 2000⁽³⁾;
- “registered health care professional” means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002⁽⁴⁾; and
- “registered social worker” means a person registered as a social worker in a register maintained by—
- (a) the General Social Care Council;
 - (b) the Care Council for Wales;
 - (c) the Scottish Social Services Council; or
 - (d) the Northern Ireland Social Care Council.

Execution of instrument

9.—(1) An instrument intended to create a lasting power of attorney must be executed in accordance with this regulation.

(2) The donor must read (or have read to him) all the prescribed information.

(3) As soon as reasonably practicable after the steps required by paragraph (2) have been taken, the donor must—

- (a) complete the provisions of Part A of the instrument that apply to him (or direct another person to do so); and
- (b) subject to paragraph (7), sign Part A of the instrument in the presence of a witness.

(4) As soon as reasonably practicable after the steps required by paragraph (3) have been taken—

- (a) the person giving an LPA certificate, or
- (b) if regulation 7 applies (two LPA certificates required), each of the persons giving a certificate,

must complete the LPA certificate at Part B of the instrument and sign it.

(5) As soon as reasonably practicable after the steps required by paragraph (4) have been taken—

- (a) the donee, or
- (b) if more than one, each of the donees,

must read (or have read to him) all the prescribed information.

(6) As soon as reasonably practicable after the steps required by paragraph (5) have been taken, the donee or, if more than one, each of them—

⁽³⁾ 2000 c.14.

⁽⁴⁾ 2002 c.17.

- (a) must complete the provisions of Part C of the instrument that apply to him (or direct another person to do so); and
 - (b) subject to paragraph (7), must sign Part C of the instrument in the presence of a witness.
- (7) If the instrument is to be signed by any person at the direction of the donor, or at the direction of any donee, the signature must be done in the presence of two witnesses.
- (8) For the purposes of this regulation—
- (a) the donor may not witness any signature required for the power;
 - (b) a donee may not witness any signature required for the power apart from that of another donee.
- (9) A person witnessing a signature must—
- (a) sign the instrument; and
 - (b) give his full name and address.
- (10) Any reference in this regulation to a person signing an instrument (however expressed) includes his signing it by means of a mark made on the instrument at the appropriate place.

Registering the instrument

Notice to be given by a person about to apply for registration of lasting power of attorney

10. Schedule 2 to these Regulations sets out the form of notice (“LPA 001”) which must be given by a donor or donee who is about to make an application for the registration of an instrument intended to create a lasting power of attorney.

Application for registration

11.—(1) Schedule 3 to these Regulations sets out the form (“LPA 002”) which must be used for making an application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney.

- (2) Where the instrument to be registered which is sent with the application is neither—
- (a) the original instrument intended to create the power, nor
 - (b) a certified copy of it,

the Public Guardian must not register the instrument unless the court directs him to do so.

(3) In paragraph (2) “a certified copy” means a photographic or other facsimile copy which is certified as an accurate copy by—

- (a) the donor; or
- (b) a solicitor or notary.

Period to elapse before registration in cases not involving objection or defect

12. The period at the end of which the Public Guardian must register an instrument in accordance with paragraph 5 of Schedule 1 to the Act is the period of 6 weeks beginning with—

- (a) the date on which the Public Guardian gave the notice or notices under paragraph 7 or 8 of Schedule 1 to the Act of receipt of an application for registration; or
- (b) if notices were given on more than one date, the latest of those dates.

Notice of receipt of application for registration

13.—(1) Part 1 of Schedule 4 to these Regulations sets out the form of notice (“LPA 003A”) which the Public Guardian must give to the donee (or donees) when the Public Guardian receives an application for the registration of a lasting power of attorney.

(2) Part 2 of Schedule 4 sets out the form of notice (“LPA 003B”) which the Public Guardian must give to the donor when the Public Guardian receives such an application.

(3) Where it appears to the Public Guardian that there is good reason to do so, the Public Guardian must also provide (or arrange for the provision of) an explanation to the donor of—

- (a) the notice referred to in paragraph (2) and what the effect of it is; and
- (b) why it is being brought to his attention.

(4) Any information provided under paragraph (3) must be provided—

- (a) to the donor personally; and
- (b) in a way that is appropriate to the donor’s circumstances (for example using simple language, visual aids or other appropriate means).

Objection to registration: notice to Public Guardian

14.—(1) This regulation deals with any objection to the registration of an instrument as a lasting power of attorney which is to be made to the Public Guardian.

(2) Where any person—

- (a) is entitled to receive notice under paragraph 6, 7 or 8 of Schedule 1 to the Act of an application for the registration of the instrument, and
- (b) wishes to object to registration on a ground set out in paragraph 13(1) of Schedule 1 to the Act,

he must do so before the end of the period of 5 weeks beginning with the date on which the notice is given.

(3) A notice of objection must be given in writing, setting out—

- (a) the name and address of the objector;
- (b) if different, the name and address of the donor of the power;
- (c) if known, the name and address of the donee (or donees); and
- (d) the ground for making the objection.

(4) The Public Guardian must notify the objector as to whether he is satisfied that the ground of the objection is established.

(5) At any time after receiving the notice of objection and before giving the notice required by paragraph (4), the Public Guardian may require the objector to provide such further information, or produce such documents, as the Public Guardian reasonably considers necessary to enable him to determine whether the ground for making the objection is established.

(6) Where—

- (a) the Public Guardian is satisfied that the ground of the objection is established, but
- (b) by virtue of section 13(7) of the Act, the instrument is not revoked,

the notice under paragraph (4) must contain a statement to that effect.

(7) Nothing in this regulation prevents an objector from making a further objection under paragraph 13 of Schedule 1 to the Act where—

- (a) the notice under paragraph (4) indicates that the Public Guardian is not satisfied that the particular ground of objection to which that notice relates is established; and
- (b) the period specified in paragraph (2) has not expired.

Objection to registration: application to the court

15.—(1) This regulation deals with any objection to the registration of an instrument as a lasting power of attorney which is to be made to the court.

- (2) The grounds for making an application to the court are—
 - (a) that one or more of the requirements for the creation of a lasting power of attorney have not been met;
 - (b) that the power has been revoked, or has otherwise come to an end, on a ground other than the grounds set out in paragraph 13(1) of Schedule 1 to the Act;
 - (c) any of the grounds set out in paragraph (a) or (b) of section 22(3) of the Act.
- (3) Where any person—
 - (a) is entitled to receive notice under paragraph 6, 7 or 8 of Schedule 1 to the Act of an application for the registration of the instrument, and
 - (b) wishes to object to registration on one or more of the grounds set out in paragraph (2),

he must make an application to the court before the end of the period of 5 weeks beginning with the date on which the notice is given.

(4) The notice of an application to the court, which a person making an objection to the court is required to give to the Public Guardian under paragraph 13(3)(b)(ii) of Schedule 1 to the Act, must be in writing.

Notifying applicants of non-registration of lasting power of attorney

16. Where the Public Guardian is prevented from registering an instrument as a lasting power of attorney by virtue of—

- (a) paragraph 11(1) of Schedule 1 to the Act (instrument not made in accordance with Schedule),
- (b) paragraph 12(2) of that Schedule (deputy already appointed),
- (c) paragraph 13(2) of that Schedule (objection by donee or named person on grounds of bankruptcy, disclaimer, death etc),
- (d) paragraph 14(2) of that Schedule (objection by donor), or
- (e) regulation 11(2) of these Regulations (application for registration not accompanied by original instrument or certified copy),

he must notify the person (or persons) who applied for registration of that fact.

Notice to be given on registration of lasting power of attorney

17.—(1) Where the Public Guardian registers an instrument as a lasting power of attorney, he must—

- (a) retain a copy of the instrument; and
- (b) return to the person (or persons) who applied for registration the original instrument, or the certified copy of it, which accompanied the application for registration.

(2) Schedule 5 to these Regulations sets out the form of notice (“LPA 004”) which the Public Guardian must give to the donor and donee (or donees) when the Public Guardian registers an instrument.

(3) Where it appears to the Public Guardian that there is good reason to do so, the Public Guardian must also provide (or arrange for the provision of) an explanation to the donor of—

- (a) the notice referred to in paragraph (2) and what the effect of it is; and
- (b) why it is being brought to his attention.

(4) Any information provided under paragraph (3) must be provided—

- (a) to the donor personally; and
- (b) in a way that is appropriate to the donor’s circumstances (for example using simple language, visual aids or other appropriate means).

(5) “Certified copy” is to be construed in accordance with regulation 11(3).

Post-registration

Changes to instrument registered as lasting power of attorney

18.—(1) This regulation applies in any case where any of paragraphs 21 to 24 of Schedule 1 to the Act requires the Public Guardian to attach a note to an instrument registered as a lasting power of attorney.

(2) The Public Guardian must give a notice to the donor and the donee (or, if more than one, each of them) requiring him to deliver to the Public Guardian—

- (a) the original of instrument which was sent to the Public Guardian for registration;
- (b) any office copy of that registered instrument; and
- (c) any certified copy of that registered instrument.

(3) On receipt of the document, the Public Guardian must—

- (a) attach the required note; and
- (b) return the document to the person from whom it was obtained.

Loss or destruction of instrument registered as lasting power of attorney

19.—(1) This regulation applies where—

(a) a person is required by or under the Act to deliver up to the Public Guardian any of the following documents—

- (i) an instrument registered as a lasting power of attorney;
- (ii) an office copy of that registered instrument;
- (iii) a certified copy of that registered instrument; and

(b) the document has been lost or destroyed.

(2) The person required to deliver up the document must provide to the Public Guardian in writing—

- (a) if known, the date of the loss or destruction and the circumstances in which it occurred;
- (b) otherwise, a statement of when he last had the document in his possession.

Disclaimer of appointment by a donee of lasting power of attorney

20.—(1) Schedule 6 to these Regulations sets out the form (“LPA 005”) which a donee of an instrument registered as a lasting power of attorney must use to disclaim his appointment as donee.

(2) The donee must send—

- (a) the completed form to the donor; and
- (b) a copy of it to—
 - (i) the Public Guardian; and
 - (ii) any other donee who, for the time being, is appointed under the power.

Revocation by donor of lasting power of attorney

21.—(1) A donor who revokes a lasting power to attorney must—

- (a) notify the Public Guardian that he has done so; and
- (b) notify the donee (or, if more than one, each of them) of the revocation.

(2) Where the Public Guardian receives a notice under paragraph (1)(a), he must cancel the registration of the instrument creating the power if he is satisfied that the donor has taken such steps as are necessary in law to revoke it.

(3) The Public Guardian may require the donor to provide such further information, or produce such documents, as the Public Guardian reasonably considers necessary to enable him to determine whether the steps necessary for revocation have been taken.

(4) Where the Public Guardian cancels the registration of the instrument he must notify—

- (a) the donor; and
- (b) the donee or, if more than one, each of them.

Revocation of a lasting power of attorney on death of donor

22.—(1) The Public Guardian must cancel the registration of an instrument as a lasting power of attorney if he is satisfied that the power has been revoked as a result of the donor’s death.

(2) Where the Public Guardian cancels the registration of an instrument he must notify the donee or, if more than one, each of them.

PART 3

ENDURING POWERS OF ATTORNEY

Notice of intention to apply for registration of enduring power of attorney

23.—(1) Schedule 7 to these Regulations sets out the form of notice (“EP1PG”) which an attorney (or attorneys) under an enduring power of attorney must give of his intention to make an application for the registration of the instrument creating the power.

(2) In the case of the notice to be given to the donor, the attorney must also provide (or arrange for the provision of) an explanation to the donor of—

- (a) the notice and what the effect of it is; and
- (b) why it is being brought to his attention.

(3) The information provided under paragraph (2) must be provided—

- (a) to the donor personally; and

- (b) in a way that is appropriate to the donor's circumstances (for example using simple language, visual aids or other appropriate means).

Application for registration

24.—(1) Schedule 8 to these Regulations sets out the form (“EP2PG”) which must be used for making an application to the Public Guardian for the registration of an instrument creating an enduring power of attorney.

(2) Where the instrument to be registered which is sent with the application is neither—

- (a) the original instrument creating the power, nor
- (b) a certified copy of it,

the Public Guardian must not register the instrument unless the court directs him to do so.

(3) “Certified copy”, in relation to an enduring power of attorney, means a copy certified in accordance with section 3 of the Powers of Attorney Act 1971(5).

Notice of objection to registration

25.—(1) This regulation deals with any objection to the registration of an instrument creating an enduring power of attorney which is to be made to the Public Guardian under paragraph 13(4) of Schedule 4 to the Act.

(2) A notice of objection must be given in writing, setting out—

- (a) the name and address of the objector;
- (b) if different, the name and address of the donor of the power;
- (c) if known, the name and address of the attorney (or attorneys); and
- (d) the ground for making the objection.

Notifying applicants of non-registration of enduring power of attorney

26. Where the Public Guardian is prevented from registering an instrument creating an enduring power of attorney by virtue of—

- (a) paragraph 13(2) of Schedule 4 to the Act (deputy already appointed),
- (b) paragraph 13(5) of that Schedule (receipt by Public Guardian of valid notice of objection from person entitled to notice of application to register),
- (c) paragraph 13(7) of that Schedule (Public Guardian required to undertake appropriate enquiries in certain circumstances), or
- (d) regulation 24(2) of these Regulations (application for registration not accompanied by original instrument or certified copy),

he must notify the person (or persons) who applied for registration of that fact.

Registration of instrument creating an enduring power of attorney

27.—(1) Where the Public Guardian registers an instrument creating an enduring power of attorney, he must—

- (a) retain a copy of the instrument; and
- (b) return to the person (or persons) who applied for registration the original instrument, or the certified copy of it, which accompanied the application.

- (2) “Certified copy” has the same meaning as in regulation 24(3).

Objection or revocation not applying to all joint and several attorneys

28. In a case within paragraph 20(6) or (7) of Schedule 4 to the Act, the form of the entry to be made in the register in respect of an instrument creating the enduring power of attorney is a stamp bearing the following words (inserting the information indicated, as appropriate)—

“THE REGISTRATION OF THIS ENDURING POWER OF ATTORNEY IS QUALIFIED AND EXTENDS TO THE APPOINTMENT OF(insert name of attorney(s) not affected by ground(s) of objection or revocation) ONLY AS THE ATTORNEY(S) OF (insert name of donor)”.

Loss or destruction of instrument registered as enduring power of attorney

29.—(1) This regulation applies where—

- (a) a person is required by or under the Act to deliver up to the Public Guardian any of the following documents—
 - (i) an instrument registered as an enduring power of attorney;
 - (ii) an office copy of that registered instrument; or
 - (iii) a certified copy of that registered instrument; and
- (b) the document has been lost or destroyed.

(2) The person who is required to deliver up the document must provide to the Public Guardian in writing—

- (a) if known, the date of the loss or destruction and the circumstances in which it occurred;
- (b) otherwise, a statement of when he last had the document in his possession.

PART 4

FUNCTIONS OF THE PUBLIC GUARDIAN

The registers

Establishing and maintaining the registers

30.—(1) In this Part “the registers” means—

- (a) the register of lasting powers of attorney,
- (b) the register of enduring powers of attorney, and
- (c) the register of court orders appointing deputies,

which the Public Guardian must establish and maintain.

(2) On each register the Public Guardian may include—

- (a) such descriptions of information about a registered instrument or a registered order as the Public Guardian considers appropriate; and
- (b) entries which relate to an instrument or order for which registration has been cancelled.

Disclosure of information on a register: search by the Public Guardian

31.—(1) Any person may, by an application made under paragraph (2), request the Public Guardian to carry out a search of one or more of the registers.

(2) An application must—

(a) state—

- (i) the register or registers to be searched;
- (ii) the name of the person to whom the application relates; and
- (iii) such other details about that person as the Public Guardian may require for the purpose of carrying out the search; and

(b) be accompanied by any fee provided for under section 58(4)(b) of the Act.

(3) The Public Guardian may require the applicant to provide such further information, or produce such documents, as the Public Guardian reasonably considers necessary to enable him to carry out the search.

(4) As soon as reasonably practicable after receiving the application—

- (a) the Public Guardian must notify the applicant of the result of the search; and
- (b) in the event that it reveals one or more entries on the register, the Public Guardian must disclose to the applicant all the information appearing on the register in respect of each entry.

Disclosure of additional information held by the Public Guardian

32.—(1) This regulation applies in any case where, as a result of a search made under regulation 31, a person has obtained information relating to a registered instrument or a registered order which confers authority to make decisions about matters concerning a person (“P”).

(2) On receipt of an application made in accordance with paragraph (4), the Public Guardian may, if he considers that there is good reason to do so, disclose to the applicant such additional information as he considers appropriate.

(3) “Additional information” means any information relating to P—

- (a) which the Public Guardian has obtained in exercising the functions conferred on him under the Act; but
- (b) which does not appear on the register.

(4) An application must state—

- (a) the name of P;
- (b) the reasons for making the application; and
- (c) what steps, if any, the applicant has taken to obtain the information from P.

(5) The Public Guardian may require the applicant to provide such further information, or produce such documents, as the Public Guardian reasonably considers necessary to enable him to determine the application.

(6) In determining whether to disclose any additional information to P, the Public Guardian must, in particular, have regard to—

- (a) the connection between P and the applicant;
- (b) the reasons for requesting the information (in particular, why the information cannot or should not be obtained directly from P);
- (c) the benefit to P, or any detriment he may suffer, if a disclosure is made; and

- (d) any detriment that another person may suffer if a disclosure is made.

Security for discharge of functions

Persons required to give security for the discharge of their functions

33.—(1) This regulation applies in any case where the court orders a person (“S”) to give to the Public Guardian security for the discharge of his functions.

- (2) The security must be given by S—
 - (a) by means of a bond which is entered into in accordance with regulation 34; or
 - (b) in such other manner as the court may direct.
- (3) For the purposes of paragraph (2)(a), S complies with the requirement to give the security only if—
 - (a) the endorsement required by regulation 34(2) has been provided; and
 - (b) the person who provided it has notified the Public Guardian of that fact.
- (4) For the purposes of paragraph (2)(b), S complies with the requirement to give the security—
 - (a) in any case where the court directs that any other endorsement must be provided, only if—
 - (i) that endorsement has been provided; and
 - (ii) the person who provided it has notified the Public Guardian of that fact;
 - (b) in any case where the court directs that any other requirements must be met in relation to the giving of the security, only if the Public Guardian is satisfied that those other requirements have been met.

Security given under regulation 33(2)(a): requirement for endorsement

- 34.**—(1) This regulation has effect for the purposes of regulation 33(2)(a).
- (2) A bond is entered into in accordance with this regulation only if it is endorsed by—
 - (a) an authorised insurance company; or
 - (b) an authorised deposit-taker.
 - (3) A person may enter into the bond under—
 - (a) arrangements made by the Public Guardian; or
 - (b) other arrangements which are made by the person entering into the bond or on his behalf.
 - (4) The Public Guardian may make arrangements with any person specified in paragraph (2) with a view to facilitating the provision by them of bonds which persons required to give security to the Public Guardian may enter into.
 - (5) In this regulation—

“authorised insurance company” means—

 - (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000(6) to effect or carry out contracts of insurance;
 - (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule to effect or carry out contracts of insurance;

(6) 2000 c.8.

- (c) a person who carries on insurance market activity (within the meaning given in section 316(3) of that Act); and
- “authorised deposit-taker” means—
- (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to accept deposits;
 - (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule to accept deposits.
- (6) The definitions of “authorised insurance company” and “authorised deposit-taker” must be read with—
- (a) section 22 of the Financial Services and Markets Act 2000;
 - (b) any relevant order⁽⁷⁾ under that section; and
 - (c) Schedule 2 to that Act.

Security given under regulation 33(2)(a): maintenance or replacement

35.—(1) This regulation applies to any security given under regulation 33(2)(a).

(2) At such times or at such intervals as the Public Guardian may direct by notice in writing, any person (“S”) who has given the security must satisfy the Public Guardian that any premiums payable in respect of it have been paid.

(3) Where S proposes to replace a security already given by him, the new security is not to be regarded as having been given until the Public Guardian is satisfied that—

- (a) the requirements set out in sub-paragraphs (a) and (b) of regulation 33(3) have been met in relation to it; and
- (b) no payment is due from S in connection with the discharge of his functions.

Enforcement following court order of any endorsed security

36.—(1) This regulation applies to any security given to the Public Guardian in respect of which an endorsement has been provided.

(2) Where the court orders the enforcement of the security, the Public Guardian must—

- (a) notify any person who endorsed the security of the contents of the order; and
- (b) notify the court when payment has been made of the amount secured.

Discharge of any endorsed security

37.—(1) This regulation applies to any security given by a person (“S”) to the Public Guardian in respect of which an endorsement has been provided.

(2) The security may be discharged if the court makes an order discharging it.

(3) In any other case, the security may not be discharged until the end of the period of 7 years commencing with whichever of the following dates first occurs—

- (a) if the person on whose behalf S was appointed to act dies, the date of his death;
- (b) if S dies, the date of his death;
- (c) if the court makes an order which discharges S but which does not also discharge the security under paragraph (2), the date of the order;

(7) S.I. 2001/544, as amended by S.I. 2001/3544, 2002/682, 1310, 1776 and 1777, 2003/1475, 1476 and 2822, 2004/1610 and 2737, 2005/593, 1518 and 2967 and 2006/1969, 2383 and 3221.

(d) the date when S otherwise ceases to be under a duty to discharge the functions in respect of which he was ordered to give security.

(4) For the purposes of paragraph (3), if a person takes any step with a view to discharging the security before the end of the period specified in that paragraph, the security is to be treated for all purposes as if it were still in place.

Deputies

Application for additional time to submit a report

38.—(1) This regulation applies where the court requires a deputy to submit a report to the Public Guardian and specifies a time or interval for it to be submitted.

(2) A deputy may apply to the Public Guardian requesting more time for submitting a particular report.

(3) An application must—

- (a) state the reason for requesting more time; and
- (b) contain or be accompanied by such information as the Public Guardian may reasonably require to determine the application.

(4) In response to an application, the Public Guardian may, if he considers it appropriate to do so, undertake that he will not take steps to secure performance of the deputy's duty to submit the report at the relevant time on the condition that the report is submitted on or before such later date as he may specify.

Content of reports

39.—(1) Any report which the court requires a deputy to submit to the Public Guardian must include such material as the court may direct.

(2) The report must also contain or be accompanied by—

- (a) specified information or information of a specified description; or
- (b) specified documents or documents of a specified description.

(3) But paragraph (2)—

- (a) extends only to information or documents which are reasonably required in connection with the exercise by the Public Guardian of functions conferred on him under the Act; and
- (b) is subject to paragraph (1) and to any other directions given by the court.

(4) Where powers as respects a person's property and affairs are conferred on a deputy under section 16 of the Act, the information specified by the Public Guardian under paragraph (2) may include accounts which—

- (a) deal with specified matters; and
- (b) are provided in a specified form.

(5) The Public Guardian may require—

- (a) any information provided to be verified in such manner, or
- (b) any document produced to be authenticated in such manner,

as he may reasonably require.

(6) "Specified" means specified in a notice in writing given to the deputy by the Public Guardian.

Power to require final report on termination of appointment

40.—(1) This regulation applies where—

- (a) the person on whose behalf a deputy was appointed to act has died;
- (b) the deputy has died;
- (c) the court has made an order discharging the deputy; or
- (d) the deputy otherwise ceases to be under a duty to discharge the functions to which his appointment relates.

(2) The Public Guardian may require the deputy (or, in the case of the deputy’s death, his personal representatives) to submit a final report on the discharge of his functions.

(3) A final report must be submitted—

- (a) before the end of such reasonable period as may be specified; and
- (b) at such place as may be specified.

(4) The Public Guardian must consider the final report, together with any other information that he may have relating to the discharge by the deputy of his functions.

(5) Where the Public Guardian is dissatisfied with any aspect of the final report he may apply to the court for an appropriate remedy (including enforcement of security given by the deputy).

(6) “Specified” means specified in a notice in writing given to the deputy or his personal representatives by the Public Guardian.

Power to require information from deputies

41.—(1) This regulation applies in any case where—

- (a) the Public Guardian has received representations (including complaints) about—
 - (i) the way in which a deputy is exercising his powers; or
 - (ii) any failure to exercise them; or
- (b) it appears to the Public Guardian that there are other circumstances which—
 - (i) give rise to concerns about, or dissatisfaction with, the conduct of the deputy (including any failure to act); or
 - (ii) otherwise constitute good reason to seek information about the deputy’s discharge of his functions.

(2) The Public Guardian may require the deputy—

- (a) to provide specified information or information of a specified description; or
- (b) to produce specified documents or documents of a specified description.

(3) The information or documents must be provided or produced—

- (a) before the end of such reasonable period as may be specified; and
- (b) at such place as may be specified.

(4) The Public Guardian may require—

- (a) any information provided to be verified in such manner, or
- (b) any document produced to be authenticated in such manner,

as he may reasonably require.

(5) “Specified” means specified in a notice in writing given to the deputy by the Public Guardian.

Right of deputy to require review of decisions made by the Public Guardian

42.—(1) A deputy may require the Public Guardian to reconsider any decision he has made in relation to the deputy.

(2) The right under paragraph (1) is exercisable by giving notice of exercise of the right to the Public Guardian before the end of the period of 14 days beginning with the date on which notice of the decision is given to the deputy.

(3) The notice of exercise of the right must—

- (a) state the grounds on which reconsideration is required; and
- (b) contain or be accompanied by any relevant information or documents.

(4) At any time after receiving the notice and before reconsidering the decision to which it relates, the Public Guardian may require the deputy to provide him with such further information, or to produce such documents, as he reasonably considers necessary to enable him to reconsider the matter.

(5) The Public Guardian must give to the deputy—

- (a) written notice of his decision on reconsideration, and
- (b) if he upholds the previous decision, a statement of his reasons.

Miscellaneous functions

Applications to the Court of Protection

43. The Public Guardian has the function of making applications to the court in connection with his functions under the Act in such circumstances as he considers it necessary or appropriate to do so.

Visits by the Public Guardian or by Court of Protection Visitors at his direction

44.—(1) This regulation applies where the Public Guardian visits, or directs a Court of Protection Visitor to visit, any person under any provision of the Act or these Regulations.

(2) The Public Guardian must notify (or make arrangements to notify) the person to be visited of—

- (a) the date or dates on which it is proposed that the visit will take place;
- (b) to the extent that it is practicable to do so, any specific matters likely to be covered in the course of the visit; and
- (c) any proposal to inform any other person that the visit is to take place.

(3) Where the visit is to be carried out by a Court of Protection Visitor—

- (a) the Public Guardian may—
 - (i) give such directions to the Visitor, and
 - (ii) provide him with such information concerning the person to be visited, as the Public Guardian considers necessary for the purposes of enabling the visit to take place and the Visitor to prepare any report the Public Guardian may require; and
- (b) the Visitor must seek to carry out the visit and take all reasonable steps to obtain such other information as he considers necessary for the purpose of preparing a report.

(4) A Court of Protection Visitor must submit any report requested by the Public Guardian in accordance with any timetable specified by the Public Guardian.

(5) If he considers it appropriate to do so, the Public Guardian may, in relation to any person interviewed in the course of preparing a report—

- (a) disclose the report to him; and
- (b) invite him to comment on it.

Functions in relation to persons carrying out specific transactions

45.—(1) This regulation applies where, in accordance with an order made under section 16(2) (a) of the Act, a person (“T”) has been authorised to carry out any transaction for a person who lacks capacity.

(2) The Public Guardian has the functions of—

- (a) receiving any reports from T which the court may require;
- (b) dealing with representations (including complaints) about—
 - (i) the way in which the transaction has been or is being carried out; or
 - (ii) any failure to carry it out.

(3) Regulations 38 to 41 have effect in relation to T as they have effect in relation a deputy.

Power to require information from donees of lasting power of attorney

46.—(1) This regulation applies where it appears to the Public Guardian that there are circumstances suggesting that the donee of a lasting power of attorney may—

- (a) have behaved, or may be behaving, in a way that contravenes his authority or is not in the best interests of the donor of the power,
- (b) be proposing to behave in a way that would contravene that authority or would not be in the donor’s best interests, or
- (c) have failed to comply with the requirements of an order made, or directions given, by the court.

(2) The Public Guardian may require the donee—

- (a) to provide specified information or information of a specified description; or
- (b) to produce specified documents or documents of a specified description.

(3) The information or documents must be provided or produced—

- (a) before the end of such reasonable period as may be specified; and
- (b) at such place as may be specified.

(4) The Public Guardian may require—

- (a) any information provided to be verified in such manner, or
- (b) any document produced to be authenticated in such manner,

as he may reasonably require.

(5) “Specified” means specified in a notice in writing given to the donee by the Public Guardian.

Power to require information from attorneys under enduring power of attorney

47.—(1) This regulation applies where it appears to the Public Guardian that there are circumstances suggesting that, having regard to all the circumstances (and in particular the attorney’s relationship to or connection with the donor) the attorney under a registered enduring power of attorney may be unsuitable to be the donor’s attorney.

(2) The Public Guardian may require the attorney—

- (a) to provide specified information or information of a specified description; or
- (b) to produce specified documents or documents of a specified description.
- (3) The information or documents must be provided or produced—
 - (a) before the end of such reasonable period as may be specified; and
 - (b) at such place as may be specified.
- (4) The Public Guardian may require—
 - (a) any information provided to be verified in such manner, or
 - (b) any document produced to be authenticated in such manner,as he may reasonably require.
- (5) “Specified” means specified in a notice in writing given to the attorney by the Public Guardian.

Other functions in relation to enduring powers of attorney

- 48.** The Public Guardian has the following functions—
- (a) directing a Court of Protection Visitor—
 - (i) to visit an attorney under a registered enduring power of attorney, or
 - (ii) to visit the donor of a registered enduring power of attorney,and to make a report to the Public Guardian on such matters as he may direct;
 - (b) dealing with representations (including complaints) about the way in which an attorney under a registered enduring power of attorney is exercising his powers.

Signed by authority of the Lord Chancellor.

16th April 2007

Cathy Ashton,
Parliamentary Under-Secretary of State,
Department for Constitutional Affairs

Status: This is the original version (as it was originally made).

SCHEDULE 1

Regulation 5

Form for instrument intended to create a Lasting Power of Attorney

Part 1: Form for instrument intended to create a property and affairs Lasting Power of Attorney

LPA PA 10.07

Lasting Power of Attorney Property and Affairs

For official use only
Date of registration

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

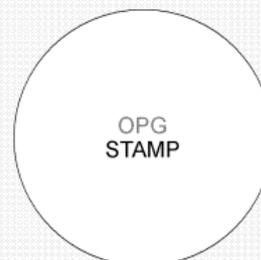
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s) will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian
Archway Tower
London N19 5SZ
0845 330 2900
www.publicguardian.gov.uk



Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Status: This is the original version (as it was originally made).

PREScribed INFORMATION

Lasting Power of Attorney — Property and Affairs

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about spending your money and managing your property and affairs. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your personal welfare then you need a different form. You can get a Lasting Power of Attorney — Personal Welfare from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the 'Guide for people who want to make a Property and Affairs LPA'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

1. **CHOOSING YOUR ATTORNEY** Your attorney should be a person you know and trust who is at least 18 or a trust corporation. Your attorney must not be an undischarged or interim bankrupt. You can choose more than one attorney.
2. **CHOOSING MORE THAN ONE ATTORNEY** If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

PREScribed INFORMATION

- 3. CHOOSING A REPLACEMENT ATTORNEY** You can name a replacement(s) in case an attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT** Once your LPA is registered your attorney(s) can act before you lack capacity and after you lack capacity. You may restrict your attorney(s) to act only when you lack capacity in your LPA. There is no one point at which you are treated as having lost capacity to manage your property and affairs. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU** An attorney for property and affairs may make any decision that you could make about your property and affairs e.g. buy or sell property, manage investments or carry on a business and may access personal information. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. Some decisions will also involve personal welfare matters, such as a move to residential care. Your property and affairs attorney(s) will then need to consider your best interests with your attorney(s) for personal welfare (if you have one).
- 6. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS** You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going to the Court of Protection and a decision being made in your best interests.
- 7. GIVING GUIDANCE TO YOUR ATTORNEY** You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.
- 8. PAYING ATTORNEYS** An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 9. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION** You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 10. CERTIFICATE TO CONFIRM UNDERSTANDING** Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free and will, that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

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PRESCRIBED INFORMATION

- 11. REGISTERING THE LPA** *Your LPA cannot be used until it has been registered with the OPG.*
Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it can be used straightaway unless you have specified that it should only be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 12. REGISTER OF LPAs** There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 13. CHANGING YOUR MIND** You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the '**Guide for people taking on the role of Property and Affairs attorney**' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate '**Certificate Providers and witness guidance**' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for property and affairs attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

LPA PA 04.07

Lasting Power of Attorney Property and Affairs

Important

This LPA form cannot be used until it has been registered by the OPG and stamped on **every** page.

Before you complete this LPA form, you must read the prescribed information on pages 2, 3 and 4 and you should read the guidance produced by the OPG.

To help you complete the form, please refer to the Notes for completing an LPA — Property and Affairs.

PART A – Donor’s statement

Your details

1. My name and date of birth are:

See Note 1

Mr. Mrs. Ms. Miss Other _____

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Any other names you are known by or have been known by in the past (e.g. maiden name)

See Note 2

2. My contact details and e-mail are:

See Note 3

Address

Postcode

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Telephone no.

Mobile no.

E-mail address

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The details of the attorney(s) you are appointing

3. I appoint the following attorney(s) in accordance with the provisions of the Mental Capacity Act 2005:

[See Note 4](#)

Attorney

Mr. Mrs. Ms. Miss Other _____

[See Note 5](#)

First name(s)

Last name

Attorney

Mr. Mrs. Ms. Miss Other _____

First name(s)

Last name

Appointment of a trust corporation as attorney

[See Note 6](#)

Company name

Note: (You do not have to appoint a trust corporation as one of your attorneys)

How your attorney(s) is to act for you

If you only have one attorney please cross through this page.

4. If you are appointing more than one attorney, how do you wish them to act?
(If you do not choose an option your attorneys will be appointed together)

See Note 7

- together
- together and independently
- together in respect of some matters and together and independently in respect of others

See Note 8

If together in respect of some matters and together and independently in respect of others, details are as follows:

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Replacement attorney(s)

5. I wish to appoint a replacement attorney: (You do not have to appoint a replacement attorney). [See Note 9](#)

Yes No

If Yes, I appoint the following replacement attorney:

Mr. Mrs. Ms. Miss Other _____ [See Note 10](#)

First name(s)

Last name

Restrictions on the appointment of a replacement attorney: (If you do not complete this section your first replacement will replace the first attorney who needs replacing). [See Note 11](#)

Placing restrictions and/or conditions on the attorney(s) you are appointing

You can use this section to specify that your LPA is only to be used when you lack capacity. If you decide to specify this, you should specify anything you want the attorney(s) to do to confirm that you lack capacity to make the decision in question.

You may also use this section to place restrictions on the ability of your attorney(s) to use your property and affairs to make gifts. Any restrictions and/or conditions you set out below **must** be followed by the attorney(s).

6. I wish to place restrictions and/or conditions on my attorney(s) in relation to my property and affairs:

◀ See Note 12

Yes No

If Yes, the restrictions and conditions are as follows:

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Guidance for your attorney(s) to consider

See Note 13

Your attorney(s) **should** consider the guidance set out below when making decisions in your best interests.

7. I wish my attorney(s) to consider the following guidance:

8. I have agreed to pay my attorney(s) a fee to act as my attorney(s):

See Note 14

Yes No

If Yes, the following is additional information about fees that I have agreed with my attorney(s):

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Notifying others when an application to register your LPA is made

← Back to Table of Contents

9. I wish the following people, 'the named persons', to be notified when an application to register my LPA is made:

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Status: This is the original version (as it was originally made).

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

If you do not include anyone here you **must** have two certificate providers at Part B.

12 Lasting Power of Attorney — Property and Affairs

Status: This is the original version (as it was originally made).

10. I confirm that

I have read the prescribed information on pages 2, 3 and 4 of this LPA.

or

The prescribed information has been read to me by

See Note 16

11. I confirm that

I intend to give my attorney(s) authority to make decisions on my behalf, including in circumstances when I lack capacity subject to any restrictions I have made.

See Note 17

12. I confirm that

the persons named in paragraph 9 are to be notified when an application to register this LPA is made

See Note 18

or

I do not want anyone to be notified when an application to register this LPA is made and I understand that I need **two** people to provide a separate certificate each at Part B of this LPA.

13. I confirm that

I have chosen my certificate provider(s) myself.

See Note 19

14. Signed by me as a deed

See Note 20

15. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

If you are unable to sign the form, please refer to the notes for completion and turn to page 14 of this LPA.

In the presence of

16. Signature of witness

See Note 21

17. Full name of witness

18. Address of witness

Postcode

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

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If you are unable to sign or make a mark, then you must ask someone else to sign for you in your presence and the presence of two witnesses. Please refer to notes 22 and 23.

I am signing this LPA at the donor's direction and in the donor's presence:

See Note 22

19. Signed as a deed

20. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

21. Full name

22. Address

Postcode

In the presence of

23. Signature of witness

See Note 23

24. Full name of witness

25. Address of witness

Postcode

26. Signature of witness

27. Full name of witness

28. Address of witness

Postcode

PART B – Certificate provider's statement

 See Note 24

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate?

 See Note 25

A certificate provider must not be:

- a member of the donor's or attorney's family
- a business partner or paid employee of the donor or attorney(s)
- an attorney appointed in this form or another LPA or any EPA made by the donor
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member or partner
- a director or employee of a trust corporation appointed as an attorney in this LPA.

You, the certificate provider, **must** read Part A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate '**Certificate provider and witness guidance**' produced by the OPG before completing the certificate. You must discuss the LPA with the donor without the attorney(s) present.

 See Note 26

I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'.

 See Note 27

I am aged 18 or over.

 See Note 28

The certificate provider

Name and contact details of certificate provider

Mr. Mrs. Ms. Miss Other _____

 See Note 29

First name

Middle name(s)

Last name

Address

Postcode

Telephone no.

 See Note 30

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Status: This is the original version (as it was originally made).

Category of certificate provider – choose from category A or B – do not complete both ◀ See Note 31

Category A – Knowledge certification ◀ See Note 32

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification ◀ See Note 33

I am:

- a registered healthcare professional (includes GP) a barrister, solicitor or advocate
- a registered social worker an Independent Mental Capacity Advocate (IMCA)
- none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4. ◀ See Note 34

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present. ◀ See Note 35

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and ◀ See Note 36

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor. ◀ See Note 37

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

◀ See Note 39

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

◀ See Note 39

| | | | | | | | |
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Full name of certificate provider

Status: This is the original version (as it was originally made).

Additional certificate provider's statement

This additional certificate only needs to be completed if there are no notified persons listed in the LPA.

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate? See Note 40

A certificate provider must not be:

- a member of the donor's or attorney's family
- a business partner or paid employee of the donor or attorney(s)
- an attorney appointed in this form or another LPA or any EPA made by the donor
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member or partner
- a director or employee of a trust corporation appointed as an attorney in this LPA.

You, the certificate provider, **must** read Part A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate 'Certificate provider and witness guidance' produced by the OPG before completing the certificate. You must discuss the LPA with the donor without the attorney(s) present.

I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'.

I am aged 18 or over.

The certificate provider

Name and contact details of certificate provider

Mr. Mrs. Ms. Miss Other _____

First name

Middle name(s)

Last name

Address

Postcode

Telephone no.

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Category of certificate provider – choose from category A or B – do not complete both

Category A – Knowledge certification

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification

I am:

a registered healthcare professional
(includes GP)

a barrister, solicitor or advocate

a registered social worker

an Independent Mental Capacity Advocate (IMCA)

none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4.

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor.

Status: This is the original version (as it was originally made).

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of additional certificate provider

Date signed

| | | | | | | | |
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|---|---|---|---|---|---|---|---|

Full name of additional certificate provider

PART C – Attorney's statement (Every attorney must complete a copy of this Part) [See Note 41](#)

29. My contact details and date of birth are:

Attorney
 Mr. Mrs. Ms. Miss Other _____ [See Note 42](#)

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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Telephone no. Mobile

E-mail address [See Note 43](#)

30. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. [See Note 44](#)

31. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act. [See Note 45](#)

32. I am not an undischarged bankrupt or an interim bankrupt. [See Note 46](#)

33. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian. [See Note 47](#)

34. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate) [See Note 48](#)

35. Date signed (delivered as a deed)

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In the presence of

36. Signature of witness [See Note 49](#)

37. Full name of witness

38. Address of witness

Postcode

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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Lasting Power of Attorney — Property and Affairs 21

Status: This is the original version (as it was originally made).

PART C – Attorney's statement (Every attorney must complete a copy of this Part)

See Note 41

29. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 42

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Telephone no. Mobile

E-mail address

See Note 43

30. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me.

See Note 44

31. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act.

See Note 45

32. I am not an undischarged bankrupt or an interim bankrupt.

See Note 46

33. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian.

See Note 47

34. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate)

See Note 48

35. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

In the presence of

36. Signature of witness

See Note 49

37. Full name of witness

38. Address of witness

Postcode

| | | | | | | | |
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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Status: This is the original version (as it was originally made).

PART C – Replacement Attorney’s statement

See Note 54

(To be completed by a replacement attorney if appointed. Only complete this if you are a replacement attorney chosen at paragraph 5.)

52. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 55

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Telephone no. Mobile

E-mail address

See Note 56

53. I have read the prescribed information on pages 2, 3 and 4 or had the prescribed information read to me.

See Note 57

54. I understand that if an original attorney’s appointment is terminated I will replace the original attorney if I am still eligible to act as an attorney.

See Note 58

55. I understand that I do not have the authority to act under this LPA until such time as a relevant attorney’s appointment is terminated.

See Note 59

56. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act.

See Note 60

57. I am not an undischarged bankrupt or an interim bankrupt.

See Note 61

58. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian.

See Note 62

59. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate).

See Note 63

60. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(Continued over the page)

In the presence of

61. Signature of witness [See Note 64](#)

62. Full name of witness

63. Address of witness

Postcode

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Lasting Power of Attorney — Property and Affairs 25

Status: This is the original version (as it was originally made).

LPA PW 10.07

Lasting Power of Attorney Personal Welfare

For official use only

Date of registration

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf where you lack capacity to make those decisions yourself. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

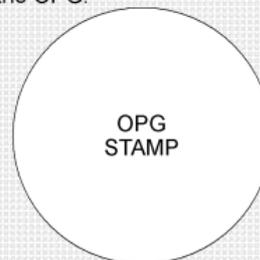
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s) will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian
Archway Tower
London N19 5SZ
0845 330 2900
www.publicguardian.gov.uk



Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

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PRESCRIBED INFORMATION

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about your personal welfare including your healthcare, if you lack capacity to make those decisions. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your property and affairs then you need a different form. You can get a Lasting Power of Attorney — Property and Affairs from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the '**Guide for people who want to make a personal welfare LPA**'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

1. **CHOOSING YOUR ATTORNEY** Your attorney should be a person you know and trust who is at least 18. You can choose more than one attorney.
2. **CHOOSING MORE THAN ONE ATTORNEY** If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA form, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

Status: This is the original version (as it was originally made).

PRESCRIBED INFORMATION

- 3. CHOOSING A REPLACEMENT ATTORNEY** You can name a replacement(s) in case an attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT** An attorney for personal welfare can only act when you lack the capacity to make a particular decision yourself. There is no one point at which you are treated as having lost capacity to make decisions about your personal welfare. You may have capacity to make some decisions but not others; for example, you may be able to decide what to wear but not to consent to an operation. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU** An attorney for personal welfare may make any decision that you could make about your welfare e.g. where you live and with whom, accessing your personal information like medical records, deciding what you wear, what you eat and how you spend your day. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. They will also be able to give and refuse consent to medical treatment according to your best interests. Your attorney(s) will only be able to make these decisions where you lack capacity to make them yourself. Some decisions will also involve property and affairs, such as a move to residential care. Your personal welfare attorney(s) will then need to consider your best interests with your attorney(s) for property and affairs (if you have one).
- 6. LIFE-SUSTAINING TREATMENT** Your attorney(s) cannot make decisions about life-sustaining treatment for you unless you expressly state that in your LPA. Life-sustaining treatment means any treatment that a doctor considers necessary to sustain your life. Life-sustaining treatment is not a category of treatment. Whether or not a treatment is life-sustaining will depend on the circumstances of a particular situation. Some treatments will be life-sustaining in some situations but not in others; the important factor is if the treatment is needed to keep you alive. In the LPA you must specify whether you are giving your attorney(s) this power.
- 7.** If you do not say that your attorney(s) can make decisions about life-sustaining treatment, the doctor in charge of your treatment will make the decision in your best interests. Where practicable and appropriate, your doctor will take into account the views of your attorney(s) and other people interested in your welfare as part of the best interests assessment. This is what happens in all cases where there is nobody authorised to take decisions on your behalf. However, if you have a separate valid and applicable advance decision, that should be followed by the doctor.
- 8. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS** You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going back to your doctor or care worker or the Court of Protection and a decision being made in your best interests.
- 9. GIVING GUIDANCE TO YOUR ATTORNEY** You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

3

PRESCRIBED INFORMATION

- 10. PAYING ATTORNEYS** An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 11. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION** You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 12. CERTIFICATE TO CONFIRM UNDERSTANDING** Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free will, and that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.
- 13. REGISTERING THE LPA** *Your LPA cannot be used until it has been registered with the OPG.* Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it is ready to be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 14. REGISTER OF LPAs** There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 15. CHANGING YOUR MIND** You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the '**Guide for people taking on the role of Personal Welfare attorney**' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate '**Certificate Providers and witness guidance**' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for personal welfare attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

Status: This is the original version (as it was originally made).

LPA PW 04.07

Lasting Power of Attorney – Personal Welfare

Important

This LPA form cannot be used until it has been registered by the OPG and stamped on **every** page.

Before you complete this LPA form, you must read the prescribed information on pages 2, 3 and 4 and you should read the guidance produced by the OPG.

To help you complete the form, please refer to the Notes for completing an LPA – Personal Welfare.

PART A – Donor’s statement

Your details

1. My name and date of birth are:

See Note 1

Mr. Mrs. Ms. Miss Other

First name

Middle name(s)

Last name

Date of birth

Any other names you are known by or have been known by in the past
(e.g. maiden name)

See Note 2

2. My contact details are:

See Note 3

Address

Postcode

Telephone no.

Mobile no.

E-mail address

The details of the attorney(s) you are appointing

3. I appoint the following attorney(s) in accordance with the provisions of the Mental Capacity Act 2005:

See Note 4

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 5

First name(s)

Last name

Attorney

Mr. Mrs. Ms. Miss Other _____

First name(s)

Last name

How your attorney(s) is to act for you

If you only have one attorney please cross through this part.

4. If you are appointing more than one attorney, how do you wish them to act?

See Note 6

(If you do not choose an option your attorneys will be appointed together)

- together
- together and independently
- together in respect of some matters and together and independently in respect of others

See Note 7

If together in respect of some matters and together and independently in respect of others, details are as follows:

Status: This is the original version (as it was originally made).

Replacement attorney(s)

5. I wish to appoint a replacement attorney: (You do not have to appoint a replacement attorney). [See Note 8](#)

Yes No

If Yes, I appoint the following replacement attorney:

Mr. Mrs. Ms. Miss Other

[See Note 9](#)

First name(s)

Last name

Restrictions on the appointment of a replacement attorney: (If you do not complete this section your first replacement will replace the first attorney who needs replacing). [See Note 10](#)

Life-sustaining treatment

6. You **must** choose **one** of the two options below:

If you cannot sign or make a mark, please read the notes for completion.

See Note 11

Option A

I want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

Date signed

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Option B

I **do not** want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

Date signed

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

In the presence of

See Note 12

Signature of witness

Full name of witness

Address of witness

Postcode

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Status: This is the original version (as it was originally made).

Placing restrictions and/or conditions on the attorney(s) you are appointing

Any restrictions and/or conditions you set out below **must** be followed by the attorney(s). For example, if you have given your attorney(s) powers with regard to life-sustaining treatment you can comment further here about any restrictions you want to add.

7. I wish to place restrictions and/or conditions on my attorney(s) in relation to my personal welfare:

See Note 13

Yes No

If Yes, the restrictions and conditions are as follows:

Guidance for your attorney(s) to consider

See Note 14

Your attorney(s) **should** consider the guidance set out below when making decisions in your best interests.

8. I wish my attorney(s) to consider the following guidance:

9. I have agreed to pay my attorney(s) a fee to act as my attorney(s):

See Note 15

Yes No

If Yes, the following is additional information about fees that I have agreed with my attorney(s):

Status: This is the original version (as it was originally made).

Notifying others when an application to register your LPA is made

See Note 16

10. I wish the following people, 'the named persons', to be notified when an application to register my LPA is made:

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Status: This is the original version (as it was originally made).

| | | | | | | |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------|
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |
| <hr/> | | | | | | |
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |
| <p>If you do not include anyone here you must have two certificate providers at Part B.</p> | | | | | | |

Status: This is the original version (as it was originally made).

11. I confirm that I have read the prescribed information on pages 2, 3 and 4 of this LPA See Note 17
or
 the prescribed information has been read to me by

12. I confirm that I give my attorney(s) authority to make decisions on my behalf in circumstances when I lack capacity. See Note 18

13. I confirm that I have chosen between Option A and option B with regard to life-sustaining treatment in paragraph 6 of this LPA. See Note 19

14. I confirm that the person(s) named in paragraph 10 are to be notified when this LPA is registered See Note 20
or
 I do not want anyone to be notified when an application to register this LPA is made and I understand that I need two people to provide a separate certificate each at Part B of this LPA.

15. I confirm that I have chosen my certificate provider(s) myself. See Note 21

16. Signed by me as a deed

17. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

If you are unable to sign the form, please refer to the notes for completion and turn to page 14 of this LPA.

In the presence of

18. Signature of witness See Note 23

19. Full name of witness

20. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

Status: This is the original version (as it was originally made).

If you are unable to sign or make a mark, then you must ask someone else to sign for you in your presence and the presence of two witnesses. Please refer to notes 24 and 25.

I am signing this LPA at the donor's direction and in the donor's presence and I confirm See Note 24 that I have signed at paragraph 6 according to the donor's direction.

21. Signed as a deed

22. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

23. Full name

24. Address

Postcode

In the presence of See Note 25

25. Signature of witness

26. Full name of witness

27. Address of witness

Postcode

28. Signature of witness

29. Full name of witness

30. Address of witness

Postcode

Status: This is the original version (as it was originally made).

PART B - Certificate provider's statement

Who can provide a certificate?
The donor and those persons they have known personally over the last ten years (category A) or someone who, because of their personal acquaintance with an applicant, considers themselves able to provide the certificate (category B).
Note: Category B providers are indirectly charged a fee for providing the certificate.

Who cannot provide a certificate?
A certificate cannot be provided by:
- a member of the donor's or attorney's family,
- a business partner or paid employee of the donor or attorney's,
- an attorney appointed in this form or another LPA or any LPA made by the donor.
- The donor, donor's attorney, or an employee of a care home in which the donor lives or has recently lived.

Yes, the certificate provider meets each Part A and B of the LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate 'Certificate provider and witness guidelines' enclosed by the CPO before completing the certificate. You must discuss the LPA with the donor without the attorney's consent.

I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'

I am aged 18 or over

The certificate provider

Name and contact details of the certificate provider

Mr Mrs Ms Miss Other

First name:

Initials:

Last name:

Address:

Postcode:

Telephone no:

Mobile no:

E-mail address:

The CPO may need to contact you to verify the information you provide.

Leading Practice of Advocacy - Personal Welfare 46

Category of certificate provider – choose from category A or B – do not complete both. [See Note 33](#)

Category A – Knowledge certification [See Note 34](#)

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification [See Note 35](#)

I am:

- | | |
|--|---|
| <input type="checkbox"/> a registered healthcare professional (includes GP) | <input type="checkbox"/> a barrister, solicitor or advocate |
| <input type="checkbox"/> a registered social worker | <input type="checkbox"/> an Independent Mental Capacity Advocate (IMCA) |
| <input type="checkbox"/> none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider. | |

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4. [See Note 36](#)

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present. [See Note 37](#)

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and [See Note 38](#)

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor. [See Note 39](#)

Status: This is the original version (as it was originally made).

Core certification

I certify

See Note 40

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

See Note 41

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Full name of certificate provider

Additional certificate provider's statement

This additional certificate only needs to be completed if there are no further persons listed in the LPA.

Who can provide a certificate?
The donor and those persons they have named previously under the last year's Certificate of Suitability or someone who, because of their personal or financial skills and experience, considers themselves able to provide the certificate (Category 2).

Who CANNOT provide a certificate?
A certificate provider must not be:
- a member of the donor's or attorney's family;
- a business partner or joint employee of the donor or attorney(s);
- an attorney appointed in this form or another LPA or any LPA made by the donor;
- the donor, donor's attorney, or an employee of a care home in which the donor lives or their family member.

You, the certificate provider, must read Part 4 and 8 of this LPA, and the personalised information on pages 2, 3, and 6. You should also read the separate 'Certificate provider and witness guidance' produced by the OPG before completing the certificate. You must discuss the LPA with the donor and without the attorney's present.

confirm that I am acting independently of the person making the LPA (the donor) and the person(s) appointed under the LPA and I understand I am not a person named in the above section 'who cannot provide a certificate'?

am aged 18 or over

The certificate provider

Name and contact details of certificate provider

Mr Mrs Ms Miss Other _____

First name _____

Initials (optional) _____

Last name _____

Address _____

Postcode _____

Telephone no. _____

Mobile no. _____

E-mail address _____

The OPG may need to contact you to verify the information you provide.

16 Leading Power of Attorney - Personal Welfare

Status: This is the original version (as it was originally made).

Category of certificate provider – choose from category A or B – do not complete both

Category A – Knowledge certification

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification

I am:

a registered healthcare professional
(includes GP)

a barrister, solicitor or advocate

a registered social worker

an Independent Mental Capacity Advocate (IMCA)

none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4.

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor.

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Full name of certificate provider

Status: This is the original version (as it was originally made).

PART C – Attorney’s statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____ See Note 44

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Telephone no. Mobile

E-mail address See Note 45

32. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. See Note 46

33. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act. See Note 47

34. I understand that I cannot act until this form has been registered by the Public Guardian. See Note 48

35. I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity. See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate) See Note 50

37. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

In the presence of See Note 51

38. Signature of witness

39. Full name of witness

40. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

PART C – Attorney’s statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____ See Note 44

First name

Middle name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Telephone no. Mobile See Note 45

E-mail address

32. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. See Note 46

33. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act. See Note 47

34. I understand that I cannot act until this form has been registered by the Public Guardian. See Note 48

35. I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity. See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate) See Note 50

37. Date signed (delivered as a deed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

In the presence of See Note 51

38. Signature of witness

39. Full name of witness

40. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

Status: This is the original version (as it was originally made).

PART C – Replacement attorney's statement

This is an agreement by an appointment attorney's replacement. Only complete this if you are a replacement attorney chosen at paragraph 1.

41. My contact details and title of my role as attorney

Mr. Mrs. Ms. Miss Other _____

Forename _____

Middle name _____

Last name _____

Date of birth _____

Telephone no. _____ Mobile _____

E-mail address _____

42. I have read the attached information on pages 2, 3 and 4 or have had the attached information read to me.

43. I understand that if an original attorney's appointment is terminated I will replace the original attorney if I am still eligible to act as an attorney.

44. I understand that I do not have the authority to act under this LPA until such time as a current attorney's appointment is terminated.

45. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty of care required by the Code of Practice issued under that Act.

46. I understand that I cannot act under this Lasting Power of Attorney until the form has been registered by the Public Guardian.

47. I understand that I cannot act until the donor has capacity.

48. Signed by the attorney (This must not be signed until after the donor has signed in paragraph 18 and the certificate provider has signed the certificate)

49. Date signed (entered as a month) _____

Lasting Power of Attorney – Personal Welfare 24

In the presence of

See Note 62

50. Signature of witness

51. Full name of witness

52. Address of witness

Postcode

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Status: This is the original version (as it was originally made).

SCHEDULE 2

Regulation 10

Notice of Intention to Apply for Registration of a Lasting Power of Attorney: LPA 001

LPA 001 10.07

Notice of intention to apply for registration of a Lasting Power of Attorney

This notice must be sent to everyone named by the donor in the Lasting Power of Attorney as a person who should be notified of an application to register. Relatives are not entitled to notice unless named in the Lasting Power of Attorney.

The application to register may be made by the donor or the attorney(s).

Where attorneys are appointed to act together they all must apply to register.

Details of the named person

Form fields for Name, Address, Telephone no., and Postcode.

To the named person - You have the right to object to the proposed registration of the Lasting Power of Attorney. You have five weeks from the day on which this notice is given to object. Details of how to object and the grounds for doing so are on the back page.

Details of the Lasting Power of Attorney (LPA)

Form fields for Who is applying to register the LPA?, Which type of LPA is being registered?, and On what date did the donor sign the LPA?.

Details of the donor

Form fields for Full name, Address, Telephone no., and Postcode.

Details of the attorney(s)

Name of 1st attorney

Address

Telephone no.

Postcode

- solely together and independently
 together together in some matters and together and independently in others
-

Name of 2nd attorney

Address

Telephone no.

Postcode

- together together and independently
 together in some matters and together and independently in others
-

Name of 3rd attorney

Address

Telephone no.

Postcode

- together together and independently
 together in some matters and together and independently in others
-

Name of 4th attorney

Address

Telephone no.

Postcode

- together together and independently
 together in some matters and together and independently in others

Status: This is the original version (as it was originally made).

Signature and date _____

This notice must be signed by all parties applying to register the lasting power of attorney.

Signed

| |
|--|
| |
| |
| |
| |

Print name

| |
|--|
| |
| |
| |
| |

Dated

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

How to object to the registering of a Lasting Power of Attorney (LPA)

You can ask the Office of the Public Guardian (OPG) to stop the LPA from being registered if one of the factual grounds at (A) below has occurred. You need to tell us by completing Form LPA7 which is available from the OPG and by providing evidence to accompany it. You must send us the completed LPA7 form **within five weeks** from the date this notice was given. Failure to tell us could result in the LPA being registered.

(A) Factual grounds – you can ask the Office of the Public Guardian to stop registration if:

- The Donor is bankrupt or interim bankrupt (for property and affairs LPAs only)
- The Attorney is bankrupt or interim bankrupt (for property and affairs LPAs only)
- The Attorney is a trust corporation and is wound up or dissolved (for property and affairs LPAs only)
- The Donor is dead
- The Attorney is dead
- That there has been dissolution or annulment of a marriage or civil partnership between the Donor and Attorney (except if the LPA provided that such an event should not affect the instrument)
- The Attorney(s) lack the capacity to be an attorney under the LPA
- The Attorney(s) have disclaimed their appointment

Form LPA7 is available from the OPG on 0845 330 2900 or www.publicguardian.gov.uk

You have the right to object to the Court of Protection about the registration of the LPA, but only on the grounds mentioned at (B) below. To do this you must contact the Court and complete the application to object form they will send you. Using that form, you must set out your reasons for objecting. They must receive the objection within five weeks from the date this notice was given. You must also notify the OPG when you object to the Court by using the separate form LPA8 that the Court will send you. Failure to notify the OPG of an objection may result in registration of the LPA.

Note: If you are objecting to the appointment of a specific attorney, it will not prevent registration if other attorneys or a substitute attorney have been appointed.

(B) Prescribed grounds – you can only object to the Court of Protection against registration of the LPA on the following grounds:

- That the power purported to be created by the instrument* is not valid as a LPA. e.g. the person objecting does not believe the donor had capacity to make an LPA.
- That the power created by the instrument no longer exists e.g. the donor revoked it at a time when he/she had capacity to do so.
- That fraud or undue pressure was used to induce the donor to make the power.
- The attorney proposes to behave in a way that would contravene his authority or would not be in the donor's best interests.

Note: * The instrument means the LPA made by the donor.

The Court will only consider objections made if they are made on the above grounds. To obtain a Court objection form please contact the Court of Protection at Archway Tower, 2 Junction Road, London N19 5SZ or Telephone 0845 330 2900.

Status: This is the original version (as it was originally made).

SCHEDULE 3

Regulation 11

Application to Register a Lasting Power of Attorney: LPA 002

LPA002 10.07 Office of the Public Guardian

Application to register a Lasting Power of Attorney

Return your completed form to: Office of the Public Guardian Archway Tower 2 Junction Road London N19 5SZ

Part 1 - The donor

Place a cross (x) against one option

Mr. [] Mrs. [] Ms. [] Miss [] Other []

If other, please specify []

Last name []

First name []

Middle name []

Address 1 []

Address 2 []

Address 3 []

Town/City []

County []

Postcode [] Daytime Tel. no. []

Date of birth [] If the exact date is unknown please state the year of birth

e-mail address []

Please do not write below this line - For office use only

Status: This is the original version (as it was originally made).

Part 2 - The persons making the application

Note: We need to know who is applying and how the attorney(s) have been appointed, please answer the questions in parts two and three carefully.

Place a cross (x) against one option

Is the donor applying to register the Lasting Power of Attorney? Yes

Is the attorney(s) applying to register the Lasting Power of Attorney? Yes

Part 3 - How have the attorney(s) been appointed?

The LPA states whether the attorney is to act solely, together or together and independently

Place a cross (x) against one option

There is only one attorney appointed

There are attorneys appointed together and independently

There are attorneys appointed together

There are attorneys appointed together in some matters and together and independently in others

Note: We need to know which, if any of the attorney(s) are making this application to register the LPA. You can tell us this by putting a cross in the box at the start of each attorney(s) details in Part 4.

Status: This is the original version (as it was originally made).

Part 4 - Attorney one

Place a cross (x) in this box if attorney one is applying to register

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth
D D M M Y Y Y Y

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse Child Solicitor Other Other professional

If 'Other' or 'Other professional', please specify

Part 4 - Attorney two

Place a cross (x) in this box if attorney two is applying to register

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth
D D M M Y Y Y Y

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse Child Solicitor Other Other professional

If 'Other' or 'Other professional', please specify

Status: This is the original version (as it was originally made).

Part 4 - Attorney three

Place a cross (x) in this box if attorney three is applying to register

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth
D D M M Y Y Y Y

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse Child Solicitor Other Other professional

If 'Other' or 'Other professional', please specify

Part 4 - Attorney four

Place a cross (x) in this box if attorney four is applying to register

If there are additional attorneys, please provide the following details in the 'Additional information' section at the end of this form.

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth
D D M M Y Y Y Y

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse Child Solicitor Other Other professional

If 'Other' or 'Other professional', please specify

Part 6 - Fees

Guidelines on fee exemption and remission can be obtained from the Office of the Public Guardian.

Have you enclosed a cheque for the registration fee for this application? Yes No

Do you wish to apply for remission of the fee? Yes No

Do you wish to apply for exemption of the fee? Yes No

Do you wish to apply for postponement of the fee? Yes No

If you wish to apply for exemption, remission or postponement of all or part of the fee. You must complete the separate application form available from the Office of the Public Guardian.

Part 7 - Type of power

I We

apply to register the LPA (the original of which accompanies this application) made by the donor under the provisions of the Mental Capacity Act 2005.

What type of Lasting Power of Attorney are you applying to register?

Property and affairs **OR** Personal welfare

Date that the donor signed the Lasting Power of Attorney

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

To your knowledge, has the donor made any other Enduring Powers of Attorney or Lasting Power of Attorney? Yes No

If Yes, please give details below including registration date if applicable

Status: This is the original version (as it was originally made).

Part 11 - Correspondence address

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name

Company reference

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

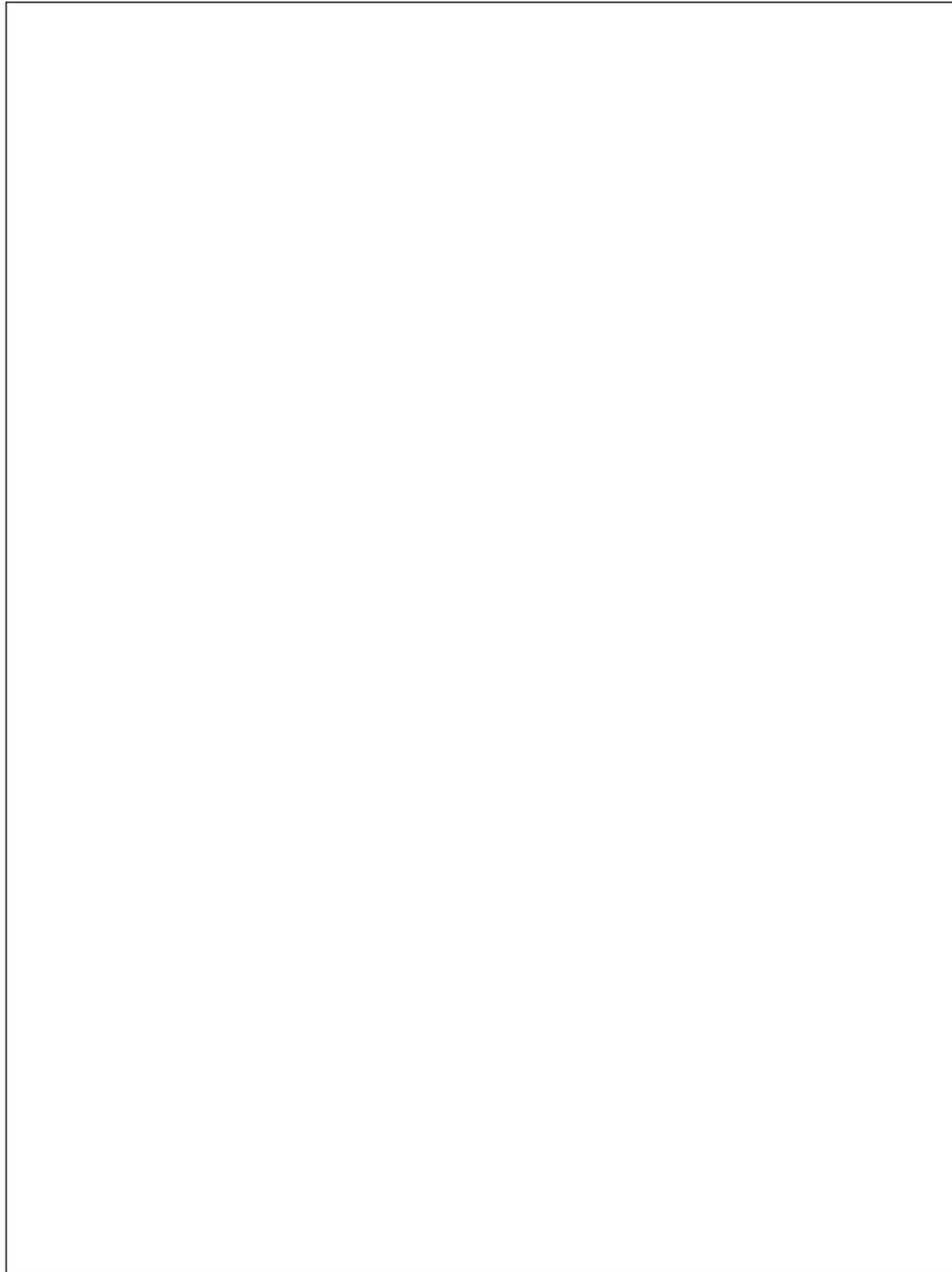
DX Exchange

Daytime Tel. no.

e-mail address

Part 12 - Additional information

Please write down any additional information to support this application in the space below. If necessary attach additional sheets.



Status: This is the original version (as it was originally made).

SCHEDULE 4

Regulation 13

Notice of Receipt of an Application to Register a
Lasting Power of Attorney: LPA 003A and LPA 003B

Part 1: Notice to an Attorney of Receipt of an Application to Register a Lasting Power of Attorney

LPA 003A 10.07

Notice to an attorney of receipt of an application to register a Lasting Power of Attorney

Name of attorney

Take notice

An application to register a Lasting Power of Attorney (LPA) has been received by the Office of the Public Guardian.

We are sending you this notice because you are named as an attorney in the LPA and were not involved in the application to register.

You are hereby given notice of the proposed registration. **You have the right to object to the registration.** Details of how to do so are set out on page 2 of this notice. You have five weeks in which to object from the date this notice was given. (We will treat this notice as having been given two days after the date below.)

The names of the donor and the attorney(s) are set out below:

Donor's full name

The following attorney(s) have applied to register an LPA in the name of the above donor.

Attorney's full name

Attorney's full name

Attorney's full name

From
The Office of the Public Guardian
Archway Tower, 2 Junction Road
London N19 5SZ
Telephone 0845 330 2900

Dated

Status: This is the original version (as it was originally made).

How to object to the registering of a Lasting Power of Attorney (LPA)

You can ask the Office of the Public Guardian (OPG) to stop the LPA from being registered if one of the factual grounds at (A) below has occurred. You need to tell us by completing Form LPA7 which is available from the OPG and by providing evidence to accompany it. You must send us the completed LPA7 form **within five weeks** from the date this notice was given. Failure to tell us could result in the LPA being registered.

(A) Factual grounds – you can ask the Office of the Public Guardian to stop registration if:

- The Donor is bankrupt or interim bankrupt (for property and affairs LPAs only)
- The Attorney is bankrupt or interim bankrupt (for property and affairs LPAs only)
- The Attorney is a trust corporation and is wound up or dissolved (for property and affairs LPAs only)
- The Donor is dead
- The Attorney is dead
- That there has been dissolution or annulment of a marriage or civil partnership between the Donor and Attorney (except if the LPA provided that such an event should not affect the instrument)
- The Attorney lacks the capacity to be an attorney under the LPA
- The Attorney disclaimed their appointment

Form LPA7 is available from the OPG on 0845 330 2900 or www.publicguardian.gov.uk

You have the right to object to the Court of Protection about the registration of the LPA, but only on the grounds mentioned at (B) below. To do this you must contact the Court and complete the application to object form they will send you. Using that form, you must set out your reasons for objecting. They must receive the objection within five weeks from the date this notice was given. You must also notify the OPG when you object to the Court by using the separate form LPA8 that the Court will send you. Failure to notify the OPG of an objection may result in registration of the LPA.

Note: If you are objecting to the appointment of a specific attorney, it will not prevent registration if other attorneys or substitute attorneys have been appointed.

(B) Prescribed grounds – you can only object to the Court of Protection against registration of the LPA on the following grounds:

- That the power purported to be created by the instrument* is not valid as a LPA. e.g. the person objecting does not believe the donor had capacity to make an LPA.
- That the power created by the instrument no longer exists e.g. the donor revoked it at a time when he/she had capacity to do so.
- That fraud or undue pressure was used to induce the donor to make the power.
- The attorney proposes to behave in a way that would contravene his authority or would not be in the donor's best interests.

Note: * The instrument means the LPA made by the donor.

The Court will only consider objections made if they are made on the above grounds. To obtain a Court objection form please contact the Court of Protection at Archway Tower, 2 Junction Road, London N19 5SZ or telephone 0845 330 2900.

LPA 003B 10.07

Notice to donor of receipt of an application to register a Lasting Power of Attorney

Name of donor

Take notice

An application to register your Lasting Power of Attorney (LPA) has been received by the Office of the Public Guardian (OPG).

We are sending you this notice because your attorney(s) in the LPA has asked the OPG to register your LPA, so that it can be used.

You are hereby given notice of the proposed registration. **You have a right to object to the registration.** You have five weeks in which to object from the date this notice was given. (We will treat this notice as having been given two days after the date below). You can object by using form LPA6, which you can get from the OPG.

The names of your attorney(s) are set out below:

Attorney's full name

Attorney's full name

Attorney's full name

Attorney's full name

Dated

From
The Office of the Public Guardian
Archway Tower, 2 Junction Road
London N19 5SZ
Telephone 0845 330 2900

Status: This is the original version (as it was originally made).

SCHEDULE 5

Regulation 17

Notice of Registration of a Lasting Power of Attorney: LPA 004

LPA 004 04.07

**Notice of registration of a
Lasting Power of Attorney**

This notice is to confirm registration of a Lasting Power of Attorney.

Case no.

The donor

The attorney(s)

The Lasting Power of Attorney was entered into the register on

Notification of registration of the LPA is given as required in Schedule 1 Part 2
Paragraph 15 of the Mental Capacity Act 2005.

SCHEDULE 6

Regulation 20

Disclaimer by Donee of a Lasting Power of Attorney: LPA 005

LPA 005 10.07

Disclaimer by a proposed or acting attorney under a Lasting Power of Attorney

Take notice that

- a proposed attorney
an attorney acting under a Lasting Power of Attorney

has disclaimed appointment.

Details of attorney disclaiming appointment

Name

[Name input box]

Address

[Address input box]

Telephone no.

[Telephone no. input box]

Postcode

[Postcode input boxes]

Date of the Lasting Power of Attorney

On what date was the Lasting Power of Attorney made? [DDMMYYYY grid]

Signature and date

I disclaim my appointment as attorney under the Lasting Power of Attorney made by the donor.

Signed

[Signature box]

Dated

[Date DDMMYYYY grid]

Note: Where the LPA has been registered then a copy of this notice must be sent to the Office of the Public Guardian at: Archway Tower, 2 Junction Road, London N19 5SZ

Call OPG on 0845 330 2900 with any questions.

Status: This is the original version (as it was originally made).

Details of the donor _____

Name

Address

Telephone no.

Postcode

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Details of the other attorney(s) _____

Name

Address

Telephone no.

Postcode

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Name

Address

Telephone no.

Postcode

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|--|--|--|--|--|--|--|--|--|--|

Name

Address

Telephone no.

Postcode

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SCHEDULE 7

Regulation 23

Notice of Intention to Apply for Registration of an Enduring Power of Attorney

Form EP1PG

Mental Capacity Act 2005
Enduring Power of Attorney

Notice of intention to apply for registration
of an Enduring Power of Attorney

To.....

Of.....

This form may be adapted for use by three or more attorneys

Give the name and address of the donor

The grounds upon which you can object are limited and are shown at 2 overleaf

TAKE NOTICE THAT

I

of

and I

of

The attorney(s) of

.....

of

.....

intend to apply to the Public Guardian for registration of the enduring power of attorney appointing me (us) attorney(s) and made by the donor on the

1. You have the right to object to the proposed registration. To do so you must make an application to the Court of Protection under one (or more) of the grounds set out below and then notify the Office of the Public Guardian of that objection within five weeks from the day this notice was given to you.

Status: This is the original version (as it was originally made).

Note: The instrument means the document used to make the enduring power of attorney made by the donor, which it is sought to register

The attorney(s) does not have to be a relative. Relatives are not entitled to know of the existence of the enduring power of attorney prior to being given this notice

Our staff will be able to assist with any questions you have regarding the objection (s). However, they cannot provide advice about your particular objection.

Note: Part 4 is addressed only to the donor

Note: This notice should be signed by every one of the attorneys who are applying to register the enduring power of attorney

Note:
The attorney (s) must keep a record of the date on which notice was given to the donor and to relatives. This information will be required from the attorney (s) when an application to register the EPA is made

2. The grounds on which you may object to the proposed registration are:

- That the power purported to be created by the instrument is not valid as an enduring power of attorney
- That the power created by the instrument no longer subsists
- That the application is premature because the donor is not yet becoming mentally incapable
- That fraud or undue pressure was used to induce the donor to make the power
- That the attorney is unsuitable to be the donor’s attorney (having regard to all the circumstances and in particular the attorney’s relationship to or connection with the donor).

3. You can obtain the necessary forms to object by.

- Writing to us at the address on the foot of this form
- Calling us on 0845 330 2900
- Downloading the forms from our website at www.publicguardian.gov.uk

4. You are informed that while the enduring power of attorney remains registered, you will not be able to revoke it until the Court of Protection confirms the revocation.

Signed: Dated:

Signed: Dated:

Please write to:
Customer Services
Archway Tower
2 Junction Road
London
N19 5SZ
www.publicguardian.gov.uk

Status: This is the original version (as it was originally made).

| Part Two - Attorney One | |
|--|--|
| Please state the full name and present address of the attorney. Professionals e.g, Solicitors or Accountants, should complete the Company Name field. | |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Place a cross against one option ☒ | If Other, please specify here: <input style="width: 100%;" type="text"/> |
| Last Name: | <input style="width: 100%;" type="text"/> |
| Forename 1: | <input style="width: 100%;" type="text"/> |
| Other Forenames: | <input style="width: 100%;" type="text"/> |
| Company Name: | <input style="width: 100%;" type="text"/> |
| Address 1: | <input style="width: 100%;" type="text"/> |
| Address 2: | <input style="width: 100%;" type="text"/> |
| Address 3: | <input style="width: 100%;" type="text"/> |
| Town/City: | <input style="width: 100%;" type="text"/> |
| County: | <input style="width: 100%;" type="text"/> |
| Postcode: | DX No. (solicitors only): <input style="width: 100%;" type="text"/> |
| DX Exchange (solicitors only): | <input style="width: 100%;" type="text"/> |
| Attorney Date of Birth: | Daytime Tel No.: <input style="width: 100%;" type="text"/> |
| | (STD Code): <input style="width: 100%;" type="text"/> |
| Email Address: | <input style="width: 100%;" type="text"/> |
| Occupation: | <input style="width: 100%;" type="text"/> |
| Relationship to donor: | |
| Civil Partner / Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/> Place a cross against one option ☒ | If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 100%;" type="text"/> |
| Part B of the Enduring Power of Attorney states whether the attorney is to act jointly, jointly and severally, or alone. | |
| Appointment (Place a cross against one option ☒): | Jointly <input type="checkbox"/> Jointly and Severally <input type="checkbox"/> Alone <input type="checkbox"/> |

Status: This is the original version (as it was originally made).

| Part Three - Attorney Two | |
|--|---|
| Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field. | |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Place a cross against one option ☒ | If Other, please specify here: <input style="width: 100%;" type="text"/> |
| Last Name: | <input style="width: 100%;" type="text"/> |
| Forename 1: | <input style="width: 100%;" type="text"/> |
| Other Forenames: | <input style="width: 100%;" type="text"/> |
| Company Name: | <input style="width: 100%;" type="text"/> |
| Address 1: | <input style="width: 100%;" type="text"/> |
| Address 2: | <input style="width: 100%;" type="text"/> |
| Address 3: | <input style="width: 100%;" type="text"/> |
| Town/City: | <input style="width: 100%;" type="text"/> |
| County: | <input style="width: 100%;" type="text"/> |
| Postcode: | DX No. (solicitors only): <input style="width: 100%;" type="text"/> |
| DX Exchange (solicitors only): | <input style="width: 100%;" type="text"/> |
| Attorney Date of Birth: | Daytime Tel No.: <input style="width: 100%;" type="text"/> D D M M Y Y Y Y (STD Code): |
| Email Address: | <input style="width: 100%;" type="text"/> |
| Occupation: | <input style="width: 100%;" type="text"/> |
| Relationship to donor: Civil Partner / Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/> Place a cross against one option ☒ | |
| If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 100%;" type="text"/> | |
| Part Four - Attorney Three | |
| Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field. | |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Place a cross against one option ☒ | If Other, please specify here: <input style="width: 100%;" type="text"/> |
| Last Name: | <input style="width: 100%;" type="text"/> |
| Forename 1: | <input style="width: 100%;" type="text"/> |

Status: This is the original version (as it was originally made).

| Part Four - Attorney Three cont'd | |
|--|---|
| Other Forenames: | <input type="text"/> |
| Company Name: | <input type="text"/> |
| Address 1: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| Address 3: | <input type="text"/> |
| Town/City: | <input type="text"/> |
| County: | <input type="text"/> |
| Postcode: | <input type="text"/> DX No. (solicitors only): <input type="text"/> |
| DX Exchange (solicitors only): | <input type="text"/> |
| Attorney Date of Birth: | <input type="text"/> Daytime Tel No.: <input type="text"/> <input type="text"/> |
| | D D M M Y Y Y Y (STD Code): |
| Email Address: | <input type="text"/> |
| Occupation: | <input type="text"/> |
| Relationship to donor: | |
| Civil Partner / Spouse | <input type="checkbox"/> |
| Child | <input type="checkbox"/> |
| Other Relation | <input type="checkbox"/> |
| No Relation | <input type="checkbox"/> |
| Solicitor | <input type="checkbox"/> |
| Other Professional | <input type="checkbox"/> |
| If 'Other Relation' or 'Other Professional', specify relationship: <input type="text"/> | |
| Place a cross against one option <input checked="" type="checkbox"/> | |
| If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form). | |
| Part Five - The Enduring Power of Attorney | |
| I (We) the attorney(s) apply to register the Enduring Power of Attorney made by the donor under the Enduring Powers of Attorney Act 1985, the original of which accompanies this application. | |
| I (We) have reason to believe that the donor is or is becoming mentally incapable. | |
| Date that the Donor signed the Enduring Power of Attorney. <i>You can find this in Part B of the Enduring Power of Attorney.</i> | <input type="text"/> |
| | D D M M Y Y Y Y |
| To your knowledge, has the Donor made any other Enduring Powers of Attorney?: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Place a cross against one option <input checked="" type="checkbox"/> |
| If 'Yes', please give details below including registration date if applicable: | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |

Status: This is the original version (as it was originally made).

Part Six - Notice of Application to Donor

Notice must be given personally to the donor. It should be made clear if someone other than the attorney(s) gives the notice. The date on which the notice was given MUST be completed.

I (We) have given notice of the application to register in the prescribed form (EP1PG) to the donor personally, on this date:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

D D M M Y Y Y Y

If someone other than the attorney gives notice to the donor please complete the name and address details below. Please also complete the date above:

| | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|-----------|--|--|
| Full Name: | | | | | | | | | | |
| Address 1: | | | | | | | | | | |
| Address 2: | | | | | | | | | | |
| Address 3: | | | | | | | | | | |
| Town/City: | | | | | | | | Postcode: | | |
| County: | | | | | | | | | | |

Part Seven - Notice of Application to Relatives

Please complete details of all relatives entitled to notice.

Please place a cross in the box if no relatives are entitled to notice:

I (We) have given notice to register in the prescribed form (EP1PG) to the following relatives of the donor:

| | | | | | |
|------------|--|------------------------|--|--------------------|--|
| Full Name: | | Relationship to Donor: | | Date notice given: | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| Full Name: | | Relationship to Donor: | | Date notice given: | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| Full Name: | | Relationship to Donor: | | Date notice given: | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| Full Name: | | Relationship to Donor: | | Date notice given: | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| Full Name: | | Relationship to Donor: | | Date notice given: | |
| Address: | | | | | |
| | | | | | |
| | | | | | |

If there are additional relatives please complete the Relative Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Status: This is the original version (as it was originally made).

Part Eight - Notice of Application to Co-Attorney(s)

Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Are all the attorneys applying to register? Yes No Place a cross against one option

If no, I (We) have given notice to my (our) co-attorney(s) as follows:

| | | | |
|------------|--|------------------------|---|
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> |
| Address: | <input type="text"/> <input type="text"/> | Date notice given: | <input type="text"/> <input type="text"/> D D M M Y Y Y Y |
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> |
| Address: | <input type="text"/> <input type="text"/> | Date notice given: | <input type="text"/> <input type="text"/> D D M M Y Y Y Y |

Part Nine - Fees

Guidelines on remission and postponement of fees can be obtained from the Office of the Public Guardian.

Have you enclosed a cheque for the registration fee for this application? Yes No Place a cross against one option

Do you wish to apply for postponement, exemption or remission of the fee? Yes No Place a cross against one option

If yes, please complete the application for exemption or remission form.

Part Ten - Declaration

Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.

I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Mental Capacity Act 2005.

| | | | |
|---------|----------------------|--------|---|
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> D D M M Y Y Y Y |
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> D D M M Y Y Y Y |
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> D D M M Y Y Y Y |

Status: This is the original version (as it was originally made).

Part Eleven - Correspondence Address

Solicitors please note: The address to which the correspondence should be sent **MUST** be entered here if this is different to the address of Attorney One. State the full name and present address. Insert the name of the Solicitor's Firm in the Company Name field, if appropriate, and the correspondence reference in the Company Reference field.

Mr Mrs Ms Miss Other

If Other, please specify here:

Place a cross against one option

Last Name:

Forename 1:

Other Forenames:

Company Name:

Company Reference:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

DX No. (solicitors only):

DX Exchange (solicitors only):

Daytime Tel No.:

(STD Code):

Email Address:

Part Twelve - Additional Information

Please write down any additional information to support this application in the space below. If necessary attach additional paper to the end of this form.

Area for additional information with horizontal dotted lines.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations supplement the requirements set out in Schedule 1 to the Mental Capacity Act 2005 (c. 9) (“the Act”) which apply to the making and registration of lasting powers of attorney and the requirements set out in Schedule 4 to the Act which apply to the registration of enduring powers of attorney. The Regulations also confer functions on the Public Guardian and make other provision in connection with functions conferred on him by the Act or by these Regulations.

Part 1 of the Regulations is general and contains a number of definitions and interpretative provisions.

Part 2 of, and Schedules 1 to 6 to, the Regulations deal with lasting powers of attorney. Under section 9(2)(b) of the Act, a lasting power of attorney is not created unless it has (amongst other things) been made and registered in accordance with Schedule 1 to the Act. Regulation 5 (and Schedule 1) set out the forms of instruments to be used to make a lasting power of attorney. A different form must be used according to whether the instrument is intended to confer authority to make decisions about the donor’s personal welfare, or about his property and affairs. Regulations 6 to 8 make detailed provision about the content of the instrument. Regulation 9 specifies the steps that must be taken to execute the instrument and the sequence in which those steps must be taken. Regulations 10 to 17 make provision about the procedure for registering an instrument as a lasting power of attorney, and Schedules 2 to 5 set out the application form and the form of notices to be used at different stages of the process. There are also certain other requirements specified which relate to the registration process.

Regulations 18 to 22 contain a number of miscellaneous provisions that apply to instruments which have been registered as lasting powers of attorney. These provisions specify steps to be taken if an instrument is changed, revoked, lost or destroyed. Regulation 20 (and Schedule 6) set out the form to be used by the donee of a lasting power when he wishes to disclaim his appointment.

Part 3 of, and Schedules 7 and 8 to, the Regulations deal with enduring powers of attorney. No new enduring power of attorney may be created after the commencement of section 66(1)(b) of the Act, but Schedules 4 and 5 to the Act apply to any power that was created before then. Regulation 23 (and Schedule 7) set out the form of notice to be given to the donor, and to his relatives, when an attorney under an enduring power intends to apply for registration. Regulation 23 also requires that the notice be given to the donor personally, together with an explanation of its effect. Regulations 24 to 28 (and Schedule 8) specify certain other requirements applying to the registration process and regulation 29 specifies steps to be taken if an instrument creating an enduring power of attorney is lost or destroyed after it has been registered.

Part 4 of the Regulations confers a number of specific functions on the Public Guardian. It also makes provision in connection with functions conferred on him by the Act or by these Regulations.

Additional functions are conferred by regulations 43, 45 and 48. Regulation 43 deals with the making of applications to the Court of Protection, regulation 45 sets out functions in relation to persons who are authorised to carry out a particular transaction and regulation 48 sets out functions in relation to enduring powers of attorney.

There are also provisions relating to the registers which the Public Guardian is required to maintain under the Act (regulations 30 to 32); relating to the giving of any security and the replacement, maintenance, enforcement or discharge of a security which has been endorsed (regulations 33 to 37); relating to the information that a deputy appointed by the Court of Protection must give to

the Public Guardian (regulations 38 to 41); and relating to the review of a decision made by the Public Guardian in relation to a deputy (regulation 42). Regulations 44, 46 and 47 make provision in connection with a number of other areas where the Public Guardian has functions, including the requirements to be met when visits on any person are carried out by, or at the direction of, the Public Guardian (regulation 48).