

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

Status: This is the original version (as it was originally made).

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

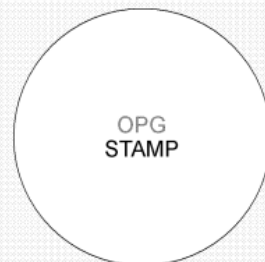
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose 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.

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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.

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** 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.

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.

Status: This is the original version (as it was originally made).

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

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

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)

Status: This is the original version (as it was originally made).

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

◀ See Note 8

together and independently

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

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

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](#)

Status: This is the original version (as it was originally made).

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:

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):

Status: This is the original version (as it was originally made).

Notifying others when an application to register your LPA is made



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

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	<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"/>					

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

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)

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.

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 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

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

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.

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:



- | | |
|--|---|
| <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.  

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:

◀ See Note 30

- 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 30

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 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.

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 additional certificate provider

Date signed

D	D	M	M	Y	Y	Y	Y
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Full name of additional 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 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.

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 [See Note 43](#)

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.

22 Lasting Power of Attorney – Property and Affairs

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

PART C – Attorney's statement – Trust Corporation

See Note 50

(This section only needs to be completed where the donor has chosen a trust corporation to be an attorney)

49. Name and address of a trust corporation

See Note 51

A trust corporation

Company name

[Text input field for company name]

Address

[Text input field for address]

Postcode

[Postcode input field with 7 boxes]

Company Registration no.

[Text input field for company registration number]

Company seal (if applicable)

[Large empty box for company seal]

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

See Note 52

51. 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.

This should not be executed until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate.

See Note 53

[Large empty box for signature or stamp]

Note: The statements above are made by the trust corporation not the individuals above.

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)

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

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

Part 2: Form for instrument intended to create a personal welfare Lasting Power of Attorney

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

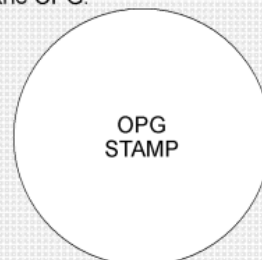
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose 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.

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

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.

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.

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

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.

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

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

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:

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](#)

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

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

--	--	--	--	--	--	--	--

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:

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

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):

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 See Note 22

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

PART B - Certificate provider's statement

Who can provide a certificate?
The donor and those persons who have been personally over the last two years in category A or someone who, because of their personal relationship with an applicant, can verify their fitness 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 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 LPA made by the donor.
- The donor, donor attorney, or an employee of a care home in which the donor lives or has recently lived.

You, the certificate provider, must read Parts 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 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 persons 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

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 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:

- 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 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

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

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

Additional certificate provider's statement Close

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 two years (Category A) or someone who, because of their personal circumstances, considers themselves able to provide the certificate (Category B).

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 personal 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 subject to them; 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.

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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 certificate provider

Date signed

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

Full name of certificate provider

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.

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 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.

PART C – Replacement attorney's statement

This is completed by a replacement attorney's statement. Only complete this if you are a replacement attorney chosen at paragraph 1.

41. My contact details and title of office:

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 signed 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 certified provider has signed the certificate)

49. Date signed (shown as a month)

Lasting Power of Attorney – Personal Welfare 24

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

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.

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

Name, Address, Telephone no., Postcode form fields

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)

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

Details of the donor

Full name, Address, Telephone no., Postcode form fields

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

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
---	---	---	---	---	---	---	---

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(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.

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.

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

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

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

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

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

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

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

Part 5 - continued

Date notice given

D	D	M	M	Y	Y	Y	Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

Date notice given

D	D	M	M	Y	Y	Y	Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

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

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

Part 8 - Donor declaration

Note: This section should only be completed by the donor if they are applying for the registration of the Lasting Power of Attorney.

I apply to register the Lasting Power of Attorney (the original of which accompanies this application).

I certify that the above information is correct and that to the best of my knowledge and belief, I have completed the application in accordance with the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

Signed Date

D D M M Y Y Y Y

Last name

First name

Part 9 - Attorney(s) declaration

Note: This section should only be completed by the attorney(s) if they are applying for the registration of the Lasting Power of Attorney.

I We apply to register the Lasting Power of Attorney (the original of which accompanies this application).

I We certify that the above information is correct to the best of my knowledge and belief.

I We have completed the application within the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

Signed Date

D D M M Y Y Y Y

Last name

First name

Signed Date

D D M M Y Y Y Y

Last name

First name

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

Part 9 - continued

Signed Date

D	D	M	M	Y	Y	Y	Y

Last name

First name

Signed Date

D	D	M	M	Y	Y	Y	Y

Last name

First name

Signed Date

D	D	M	M	Y	Y	Y	Y

Last name

First name

Part 10 - Declaration by a trust corporation

If you are a trust corporation making this application please complete this declaration.

I We

certify that the above information is correct and that to the best of my knowledge and belief, I have completed the application in accordance with the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

Company name

Signature of authorised person(s)

Company seal (If applicable)

Last name

First name

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

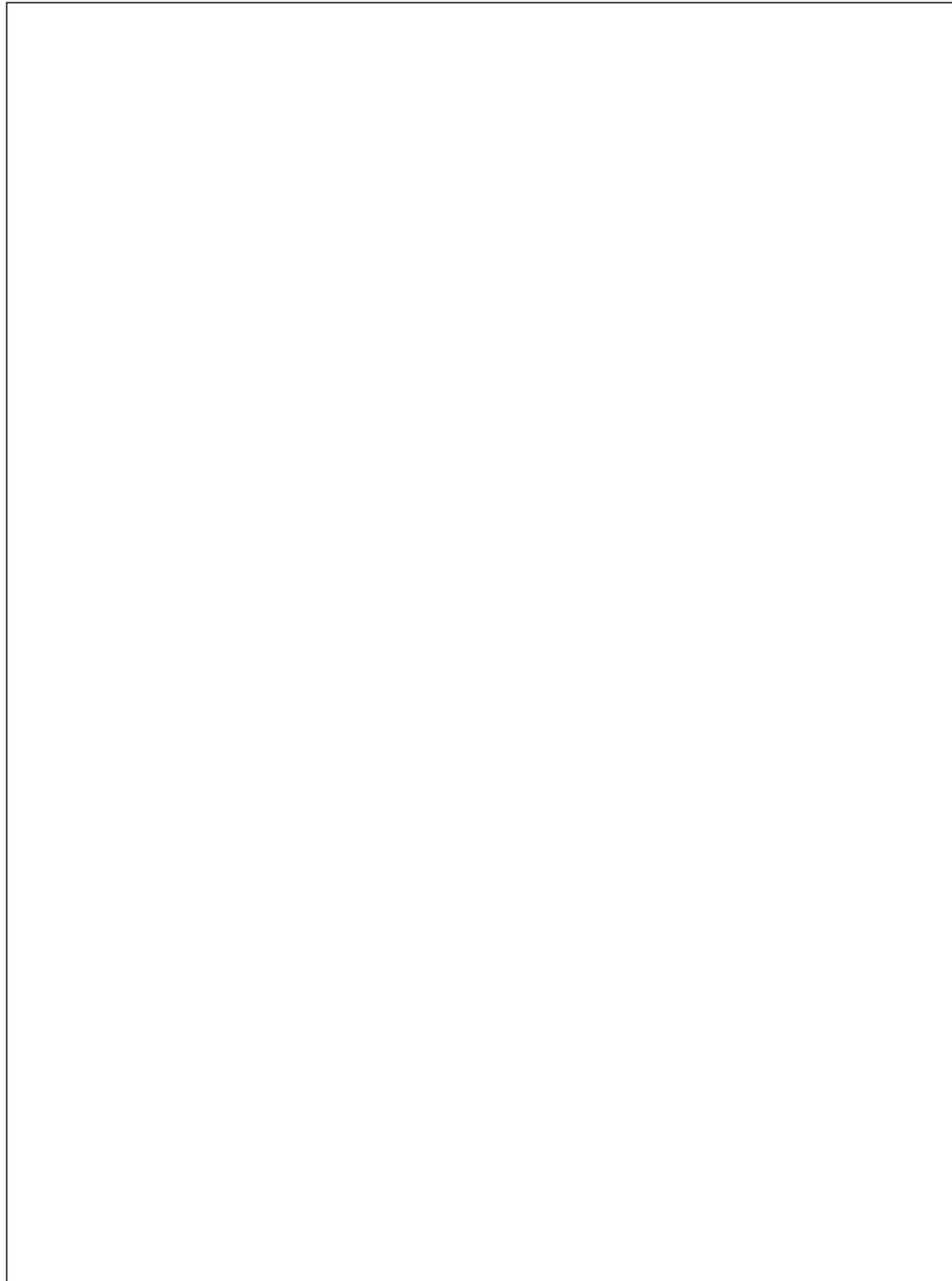
Daytime Tel. no.

e-mail address

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

Part 12 - Additional information

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



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

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

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

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.

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

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

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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.

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

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, Address, Telephone no., Postcode fields

Date of the Lasting Power of Attorney

On what date was the Lasting Power of Attorney made? (DDMMYYYY)

Signature and date

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

Signed (signature box)

Dated (DDMMYYYY)

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.

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

--	--	--	--	--	--	--	--	--	--	--	--

Name

Address

Telephone no.

Postcode

--	--	--	--	--	--	--	--	--	--	--	--

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

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).

SCHEDULE 8

Regulation 24

Application to Register an Enduring Power of Attorney

Office of the Public Guardian
Mental Capacity Act 2005



EP2V1APGO

Form EP2PG

Application for Registration of an Enduring
Power of Attorney

IMPORTANT: Please complete the form in **BLOCK CAPITALS** using a **black ball-point pen**. Place a clear cross 'X' mark inside square option boxes ☒ - do not circle the option.

Part One - The Donor

Please state the full name and present address of the donor. State the donor's first name in 'Forename 1' and the donor's other forenames in full in 'Other Forenames'. Company Name should be completed with the name of the nursing/care home or hospital where applicable.

Mr Mrs Ms Miss Other

If Other, please specify here:

Place a cross against one option ☒

Last Name:

Forename 1:

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Donor Date of Birth:

If the exact date is unknown please state the year of birth

D D M M Y Y Y Y

Please do not write below this line - For Office Use Only

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"/>
	D D M M Y Y Y Y (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:	<input type="text"/>	Relationship to Donor:	<input type="text"/>	Date notice given:	<input type="text"/>						
Address:	<input type="text"/>			<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"/>	Date notice given:	<input type="text"/>						
Address:	<input type="text"/>			<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"/>	Date notice given:	<input type="text"/>						
Address:	<input type="text"/>			<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"/>	Date notice given:	<input type="text"/>						
Address:	<input type="text"/>			<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"/>	Date notice given:	<input type="text"/>						
Address:	<input type="text"/>			<input type="text"/>	<input type="text"/>						
				D	D	M	M	Y	Y	Y	Y

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.