STATUTORY INSTRUMENTS

2009 No.1884

MENTAL CAPACITY, ENGLAND AND WALES

The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009

Made - - - - 14th July 2009

Laid before Parliament 15th July 2009

Coming into force - 1st October 2009

The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 58(3), 64(1) and 65(1)(b) of, and Schedule 1 to, the Mental Capacity Act 2005(1):

Citation, commencement and interpretation

- **1.**—(1) These Regulations may be cited as the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009 and shall come into force on 1 October 2009.
- (2) In these Regulations, a reference to "the Schedule" is a reference to Schedule 1 of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007(2).

Amendment of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007

- **2.** The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 shall be amended as follows.
 - 3. In regulation 18(2)(a) (changes to instrument registered as lasting power of attorney) omit "of".
- **4.** In regulation 32(6) (disclosure of additional information held by the Public Guardian), in the opening words, after "information" insert "relating".
- **5.** For Schedule 1 (form for instrument intended to create a lasting power of attorney) substitute the Schedule to these Regulations.

^{(1) 2005} c.9.

⁽²⁾ S.I. 2007/1253 to which there are amendments not relevant to these Regulations.

Transitional provisions

6. An instrument executed by the donor before 1 April 2011 in one of the forms prescribed in the Schedule as though it had not been substituted by these Regulations shall be capable, whether or not it has been registered by the Public Guardian, of being a valid lasting power of attorney.

Signed by authority of the Lord Chancellor

Bridget Prentice
Parliamentary Under-Secretary of State
Ministry of Justice

14th July 2009

SCHEDULE

Regulation 5

Form for Instrument Intended to Create a Lasting Power of Attorney

Part 1: Form for Instrument Intended to Create a Property and Financial Affairs Lasting Power of Attorney

For OPG office use only	ALL LOUIS CONTROL OF THE PROPERTY OF THE PROPE
LPA PA registered on	
OPG reference	Office of the
number	Public Guardian
	Checklist
Lasting power of attorney –	See the information sheet for guidance on all the people involved
property and financial affairs	Part A: about you, the attorneys
About this lasting power of attorney	you are appointing, and people to be told
This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your property and financial affairs, when you are unable to make decisions for yourself.	How many attorneys are you appointing? Write in words.
If you also want someone to make decisions about your health and welfare, you will need a separate form (downloadable from our website or call	
3300 456 0300).	How many replacement attorneys are you appointing? Write in words
Who can fill it in?	or write 'None' if this does not apply.
Anyone aged 18 or over, who has the mental capacity to do so.	
Before you fill in the lasting power of attorney: 1. Please read the guidance available at publicguardian.gov.uk or by calling 0300 456 0300. See, for example, the Lasting power of attorney creation pack or other relevant guidance booklets which are all available online or by post. 2. Make sure you understand the purpose of this lasting power of	How many people to be told are you choosing? Write in words from 'None' to the'. If 'None' you must have two certificate providers in part 5.
attorney and the extent of the authority you are giving your attorneys. Read the separate Information sheet to understand all the people	Part B: about your certificate providers
involved, and how the three parts of the form should be filled in.	How many certificate providers
 Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called Information you must read before filling in their relevant part. 	do you have? (Tick one box) One OR Two
	If you have used any continuation sheets each one must be signed and dated.
This lasting power of attorney could be rejected at registration if it contains any errors.	lasting power of attorney are: (Write the number of each) continuation sheet A1
-	continuation sheet A2
	continuation sheet A3:PFA
	continuation sheet B
	continuation sheet C
LPA PA 10 09 © Crown copyright 2009	Total number of continuation sheets
Helpline Valid only with Office of the Public Guardi	an stamp

Page 2 of 11

Lasting power of attorney for property and financial affairs

Information you must read



This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your property and financial affairs when you cannot make your own decisions. This can include running your bank accounts and savings accounts, decisions about making or selling investments and selling property, and spending your money.

When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can make decisions for you as soon as this lasting power of attorney is registered – both when you have mental capacity and when you lack mental capacity, unless you put a restriction in this lasting power of attorney.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso. co.uk or read it online at publicguardian.gov.uk

Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your welfare. Any guidance you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at publicguardian.gov.uk

How to fill in this form



- Tick the boxes that apply like this
- Use black or blue ink and write clearly
 Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

 Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial

WILLIAM EDWARD SMITH

A.S.B / WES SMYTH

 Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at **publicguardian.gov.uk**

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will end if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at publicguardian.gov.uk

Helpline

0300 456 0300

publicguardian.gov.uk

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Part A Declaration by the person	on who is giving this lasting power of attorn
Yease write clearly using black or blue ink.	
1 About the person who is giving this lasting pov	ver of attorney
Mr Mrs Ms Miss Other title First names	Address and postcode
Last name	Postcode
Date of birth	Any other names you are known by in financial documents or accounts
2 About the attorneys you are appointing	
for property and financial affairs. Your attorney must not be bankrupt. Your first or only attorney	Your second attorney Please cross through this section if it does not apply.
Your first or only attorney Mr Mrs Ms Miss Other title	
First names of your first or only attorney	First names of your second attorney
Last name of your first or only attorney	Last name of your second attorney
	Date of birth of your second attorney
Date of birth of your first or only attorney	Date of birth of your second attorney
Date of birth of your first or only attorney	Date of birth of your second attorney
Address and postcode of your first or only attorney	Date of birth of your second attorney DDMMYYYYY Address and postcode of your second attorney Postcode Other attorneys you are appointing Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney
Date of birth of your first or only attorney D'D'M'M'Y'Y'Y' Address and postcode of your first or only attorney Postcode If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your	Date of birth of your second attorney D'D'M'M'Y'Y'Y' Address and postcode of your second attorney Postcode Other attorneys you are appointing

 A trust corporation cannot be going through winding-up 	proceedings.
Company name	Address
Are you appointing this trust corporation to act as an	
attorney, or	
replacement attorney?	Postcode
3 About appointing replacements if an attorney of	an no longer act
	can no longer act for you. ho does not want to act for you or who is permanently no ve disclaimed, lack mental capacity or if they were married marriage or civil partnership annulled or dissolved. his lasting power of attorney will end when your attorney s through this section if it does not apply. Date of birth of your first or only replacement
	D'D'M'M'Y'Y'Y
First names of your first or only replacement	Address and postcode of your first or only replacement
Last name of your first or only replacement	1000
	Postcode
	Posicode
If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.	Other replacement attorneys you are appointing Number of replacement attorneys named in continuation sheet A1 attached to this lasting power of attorney
	Cross through this box if this does not apply

Thinking about how you want your attorneys to make decisions If you leave this section blank, your attorneys	Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice
will be appointed to make all decisions jointly. Jointly: this means that the attorneys must make all decisions together. → For further information on appointing your attorneys jointly, see the separate guidance. Jointly and severally: this means that attorneys can make decisions together and separately. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.	Please make your intentions clear about how your attorneys are to make decisions about running bank accounts and savings accounts, making or selling investments and selling property, and spending your money. Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if, for example, a bank or building society account cannot be operated as you wish.
 Jointly for some decisions, and jointly and severally for other decisions: this means that your attorneys must make certain decisions together and may make certain decisions separately. You will need to set out below how you want this to work in practice. 	
How you want your attorneys to make decisions	
If you are appointing only one attorney and no replacem	ent attorneys, now go to section 5 →
Jointly	→ Go to section 5 and cross through the box below
Jointly and severally	→ Go to section 5 and cross through the box below
Only if you have ticked the last box above, now tell	us in the space below which decisions your
Jointly for some decisions, and jointly and severally for Only if you have ticked the last box above, now tell attorneys must make jointly and which decisions m	us in the space below which decisions your
Only if you have ticked the last box above, now tell attorneys must make jointly and which decisions m	us in the space below which decisions your

You should read the separate guidance for examples of conditions and restrictions that will not work in practice. Your attorneys must follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable. Either: give any restrictions and conditions about property and financial affairs here Or: if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box. About guidance to your attorneys	strictions and conditions about property and financial affa If you need more space, use continuation sheet A2 idance to your attorneys about property and financial affa
into words You should read the separate guidance for examples of conditions and restrictions that will not work in practice. Your attorneys must follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable. Either: give any restrictions and conditions about property and financial affairs here Or: if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box. 6 About guidance to your attorneys Putting guidance into words Any guidance you add may help your attorneys to identify your views. You do not have to add any. Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they	If you need more space, use continuation sheet A2
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understand your wishes when they	
Either: Give any guidance about	
property and financial affairs here Or: if you have no guidance to add,	
please cross through this box.	
	If you need more space, use continuation sheet A2
7 About paying your attorneys	
Professional charges Ch. Professional attorneys, such as	arges for services
solicitors and accountants, charge for	
their services. You can also choose to pay a non-professional person for their	
services. You should discuss payment	
with your attorneys and record any agreement made here to avoid any	
confusion later.	
You can choose to pay non-	
professional attorneys for their services, but if you do not record any	
agreement here they will only be able	
to recover reasonable out-of-pocket expenses	If you need more space, use continuation sheet A2
	For further information on paying attorneys, please see the separate
G	guidance.
Helpline 2 0300 456 0300 Valid only wi	ith Office of the Public Guardian stamp

	to register this lasting power of attorney is made
Thinking about people to be told	A - b - 4 - 1 d - c - c - c - c - c - c - c - c - c -
	to be told when your lasting power of attorney is being pportunity to raise any concerns or objections before this
lasting power of attorney is registered and can be use	
 You do not have to choose anyone. But if you to sign the certificate to confirm understandi 	u leave this section blank, you must choose two people
	acement named at part A or in continuation sheets to part A
The first or only person to be told Please cross through this section if it does not apply.	The second person to be told Please cross through this section if it does not apply.
Mr Mrs Ms Miss Other title	Mr Mrs Ms Miss Other title
First names of first or only person to be told	First names of second person to be told
Last name of first or only person to be told	Last name of second person to be told
Address and postcode of first or only person	Address and postcode of second person
to be told	to be told
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Before signing please check that you have: filled in every answer that applies to you crossed through blank boxes that do not apply to you filled in any continuation sheets crossed through any mistakes you have made	People to be told when the application to registe this lasting power of attorney is made I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.
initialled any changes you have made. No changes may be made to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:PFA, I confirm all of the following: Statement of understanding	OR I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B. If you cannot sign this lasting power of attorney you can make a mark instead. If you cannot sign or make a mark use continuation sheet A3:PFA → Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed Sign with usual signature
I have read or had read to me: the section called 'Information you must read' on page 2 all information contained in part A and any continuation sheets to part A of this lasting power of attorney. I appoint and give my attorneys authority to make decisions about my property and financial affairs, including when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.	Date signed or marked OMMMYYYYY Sign (or mark) and date each continuation shee at the same time as you sign (or mark) part A. You must sign (or mark) and date part A here before parts B and C are signed and dated.
The witness should be independent of you and: • Must be 18 or over. • Cannot be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney or the employee of any trust corporation named as an attorney or replacement attorney. • Can be a certificate provider at part B. • Can be a person to be told when the application to register this lasting power of attorney is made. • Must initial any changes made in Part A.	Witnessed by Signature of witness Full names of witness Address and postcode of witness
	Postcode

Lasting power of attorney for property and financial affairs Page 9 of 11 Your certificate provider fills in, signs and dates this part. Declaration by the person who is signing this certificate Please refer to separate guidance for certificate providers. How you formed your opinion If the guidance is not followed, this lasting power of Before signing this certificate you must establish that attorney may not be valid and could be rejected the donor understands what it is, the authority they are when an application is made to register it. giving their attorneys, and is not being pressurised into In part A (section 8) has the person giving this lasting making it. power of attorney chosen at least one person to be told If someone challenges this lasting power of attorney, when the application to register this lasting power of you may need to explain how you formed your attorney is made? opinion. If yes = one certificate provider fills in this part Statement of personal knowledge or relevant If no = the first certificate provider fills in this part professional skills and the second certificate provider must fill in continuation sheet B Please cross through the box that does not apply. The donor is the person who is giving this lasting power of attorney. I have known the donor for at least two years and as more than an acquaintance. My personal By signing below, I confirm: knowledge of the donor is: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. I am not: I have relevant professional skills. (Please state · an attorney or replacement attorney named in this your profession - for example, a GP or solicitor lasting power of attorney or any other lasting power of and then the particular skills that are relevant to attorney or enduring power of attorney for the donor you forming your opinion - for example, a · a family member related to the donor or any of their consultant specialising in geriatric care.) attorneys or replacements My profession and particular skills are: · a business partner or paid employee of the donor or any of their attorneys or replacements · the owner, director, manager or employee of a care home that the donor lives in, or a member of their a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney. Continues over →

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	s certificate (continued)
Things you certify	Name and address of the person who is signing
I certify that, in my opinion, at the time of signing part A:	this certificate
the donor understands the purpose of this lasting	Mr Mrs Ms Miss Other title
power of attorney and the scope of the authority	
conferred under it	First names of certificate provider
no fraud or undue pressure is being used to induce	First flames of certificate provider
the donor to create this lasting power of attorney	
 there is nothing else which would prevent this lasting power of attorney from being created by the 	Last name of certificate provider
completion of this form.	
Your signature	Address and postcode of certificate provider
O not sign until part A of this lasting power of	Address and postcode of certificate provider
attorney has been filled in and signed.	
Sign as soon as possible after part A is signed. If this	
part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an	
application is made to register it.	Postcode
Signature of certificate provider	1 000000
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o'o'm'm'Y'Y'Y'Y	
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ff you are appointing this sheet before it i	s filled in so that each attorney ha	s a copy to fill in and sign.
The attorney or replace Before a replacement original lasting power of By signing below, I co Understanding of role I have read the section or read' on page 2 of this is I understand my role and lasting power of attorney I have a duty to act be Mental Capacity Act 2 Mental Capacity Act 2 I can make decisions power of attorney has I must make decisions the person who is givi I can spend money to	of attorney form. They will get guids on firm all of the following: and responsibilities alled 'Information you must asting power of attorney. It responsibilities under this in particular: ased on the principles of the 005 and have regard to the code of Practice and act only when this lasting been registered as and act in the best interests of the lasting power of attorney make gifts but only to charities	
amounts I have a duty to keep and produce them to tand/or to the Court of Further statement of rule and/or to the court of rule and attorney's apreplace the original attornant attorney. I have the authority to acattorney only after an original or an original attorney.	sions and for reasonable accounts and financial records the Office of the Public Guardian Protection on request, eplacement attorney pointment is terminated, I will ney if I am still eligible to act as at under this lasting power of ginal attorney's appointment notified the Public Guardian of	Date signed or marked
	over 18 and can be: placement attorney named at n sheet A to this lasting power	Signature of witness
attorney. • a person to be told who	en the application to register	Full name of witness
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The donor cannot be a w	e attorney or replacement	
16161616161616161616161616161	mark.	

Use this continuation sheet for details of all additional	people	rnews, or neonle to be told
Make copies of this sheet before filling it in if you need	*	rioyo, or people to be total
About the additional people		
For each additional person, provide the following details • Whether you want them to act as an attorney, replacement attorney or person to be told • If you don't make your requirements for each	For example: Third attorney Mr John Smith, 38 London Street, Posttown, PC6 9ZZ	or: Second replacement attorney Mrs Susan Jones 27 Lincoln Road,
 person clear this lasting power of attorney could be rejected at registration 	• 19 January 1960	Posttown, PC7 9XX
Their title, full name, address (including postcode) Their date of birth		12 December 1962
About you		
Name of person who is giving this lasting power		(or signed by the direction this lasting power of attorne
About you Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y'Y		

	Lasting power of attorr
A2 Continuation sheet A2 – how your a severally, restrictions & conditions,	attorneys make decisions jointly and guidance, payment
	onal information about how you want your attorneys to ac
Make copies of this sheet before filling it in if you need i	more than one sheet.
About the additional information For each additional piece of information you are pro	widing state whether it relates to:
Which decisions your attorneys should make jointly and	
decisions they should make jointly and severally (only if	
Restrictions and conditions Guidance to your attorneys	
Paying your attorneys	
7,6,7	
About you	
	Signed or marked by (or signed by the direction
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
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Name of person who is giving this lasting power of attorney Date signed or marked D D M M Y Y Y Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.	of) the person giving this lasting power of attorne This is continuation sheet number

A3:PFA Continuation sheet A3 if you cannot sign or n	hake a mark
Use this continuation sheet if you cannot sign at part A	of your lasting power of attorney.
Signature of someone signing on behalf of the pers	on giving this lasting power of attorney
The person signing on behalf of the person giving this lasting power of attorney must sign in the person's presence and in the presence of two witnesses. sign in their own name	Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses
not also be a witness.	
Full name of the person signing	
Sign and date each continuation sheet at the same time as you sign part A here You must sign and date part A here before parts B and C are signed and dated.	Date signed D D M M Y Y Y Y
Each witness Must be 18 or over Cannot be an attorney or replacement attorney named at part A or any continuation sheet A to this lasting power of attorney	Can be a certificate provider at part B Can be a person to be told when the application to register this lasting power of attorney is made Must initial any changes made in Part A
lasting power of attorney	
Witnessed by Signature of first witness	Also witnessed by Signature of second witness
Witnessed by	
Witnessed by Signature of first witness Date signed D'D'M'M'Y'Y'Y	Date signed D' D' M' M' Y' Y' Y
Witnessed by Signature of first witness Date signed D'D'M'M'Y'Y'Y Full names of first witness	Date signed D'D'M'M'Y'Y'Y Full names of second witness
Witnessed by Signature of first witness Date signed D'D'M'M'Y'Y'Y Full names of first witness Address and postcode of first witness	Date signed D'D'M'M'Y'Y'Y Full names of second witness Address and postcode of second witness
Witnessed by Signature of first witness Date signed D'D'M'M'Y'Y'Y Full names of first witness Address and postcode of first witness	Date signed D'D'M'M'Y'Y'Y Full names of second witness Address and postcode of second witness Postcode

attorney may not be valid and could be rejected when an application is made to register it. In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = you only need one certificate provider so you do not need to fill in this continuation sheet If no = the second certificate provider must fill in this continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. The donor is the donor underst giving their attorn making it. If someone chall you may need to opinion. Statement of perportessional sk Please cross throe EITHER I have known the and as more that knowledge of the second call in this continuation sheet. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.	s certificate you must establish that ands what it is, the authority they are eys, and is not being pressurised into enges this lasting power of attorned explain how you formed your resonal knowledge or relevant tills ugh the box that does not apply. The donor for at least two years in an acquaintance. My personal
Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it. In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = you only need one certificate provider so you do not need to fill in this continuation sheet If no = the second certificate provider must fill in this continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. How you former. Before signing this the donor underst giving their attorn making it. If someone chall you may need to opinion. Statement of performent opining this lasting power of attorney. I have known the and as more than knowledge of the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider.	s certificate you must establish that ands what it is, the authority they are eys, and is not being pressurised into enges this lasting power of attorne explain how you formed your resonal knowledge or relevant tills ugh the box that does not apply.
Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it. In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = you only need one certificate provider so you do not need to fill in this continuation sheet If no = the second certificate provider must fill in this continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. How you former Before signing this the donor underst giving their attorn making it. If someone chall you may need to opinion. Statement of pe professional sk Please cross throe EITHER I have known the and as more that knowledge of the second called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.	s certificate you must establish that ands what it is, the authority they are eys, and is not being pressurised into enges this lasting power of attorned explain how you formed your resonal knowledge or relevant tills ugh the box that does not apply. The donor for at least two years in an acquaintance. My personal
If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it. In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = you only need one certificate provider so you do not need to fill in this continuation sheet If no = the second certificate provider must fill in this continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. Before signing this the donor underst giving their attorn making it. If someone chall you may need to opinion. Statement of pe professional sk Please cross throe EITHER I have known the and as more that knowledge of the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider.	s certificate you must establish that ands what it is, the authority they are eys, and is not being pressurised into enges this lasting power of attorned explain how you formed your resonal knowledge or relevant tills ugh the box that does not apply. The donor for at least two years in an acquaintance. My personal
and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = you only need one certificate provider so you do not need to fill in this continuation sheet If no = the second certificate provider must fill in this continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of person who is giving this lasting this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. OR	rsonal knowledge or relevant ills ugh the box that does not apply. e donor for at least two years an an acquaintance. My personal
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continuation sheet The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.	e donor for at least two years n an acquaintance. My personal
The donor is the person who is giving this lasting power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. I have known the and as more that knowledge of the section called 'Information you must read' on page 2 of this lasting power of attorney. OR	an acquaintance. My personal
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Including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. OR	
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I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. OR	
the donor and I am aged 18 or over. OR	
t and a second s	
	professional skills. (Please state
lasting power of attorney or any other lasting power of and then the part	- for example, a GP or solicitor – icular skills that are relevant to opinion – for example, a
a family member related to the donor or any of their consultant special	alising in geriatric care'.)
a business partner or paid employee of the donor or any of their attorneys or replacements	d particular skills are:
the owner, director, manager or employee of a care home that the donor lives in, or a member of their family	
 a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only). 	
Number each page individually and attach both This is continual	ion sheet number
continuation sheet B pages to the back of your lasting	continuation sheets Continues over

provider: certificate to confirm under	
Declaration by the person who is signing this certific	ate (continued)
Things you certify I certify that, in my opinion, at the time of signing part A: the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider	Name and address of the person who is signing this certificate Mr Mrs Ms Miss Other title First names of certificate provider Last name of certificate provider Address and postcode of certificate provider Postcode
Date signed D'D'M'M'Y'Y'Y Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number Total number of continuation sheets
Helpline 2 0300 456 0300	e of the Public Guardian stamp

replacement attorney	and the second s
Use this continuation sheet if you are appointing a trust on A trust corporation cannot be going through winding-up p	, ,
Statement by the trust corporation acting as attorner of the trust corporation sign and date this statement	
By execution of this deed the trust corporation confirms all of the following: Understanding of role and responsibilities It has read the section called 'Information you must read' on page 2 of this lasting power of attorney. It understands its role and responsibilities under this lasting power of attorney, in particular it: • has a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice • can make decisions and act only when this lasting power of attorney has been registered • must make decisions and act in the best interests of the person who is giving this lasting power of attorney • can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts • has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or the Court of Protection on request. Tick the option which applies: Either: Seal of trust corporation stamped below	For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed. I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney. Signed as a deed and delivered by Signature of first authorised person Full name of first person signing Date signed D D M M Y Y Y Y Signature of second authorised person (cross through if only one authorised person is required)
Or: At least one authorised person has signed and dated in the right-hand column	Full name of second person signing Date signed D'D'M'M'Y'Y'Y' Company registration number
Please attach this sheet to the back of your lasting power of attorney after parts A and B are signed. And number your continuation sheets consecutively.	This is continuation sheet number Total number of continuation sheets

Part 2: Form for Instrument Intended to Create a Health and Welfare Lasting Power of Attorney

Page 1 of 12 - Keep all pages of this form together For OPG office use only LPA HW registered on Office of the OPG reference number **Public Guardian** Lasting power of attorney See the information sheet for guidance on all the people involved for health and welfare Part A: about you, the attorneys you are appointing, and people to be told About this lasting power of attorney This lasting power of attorney allows you to choose people to act on your How many attorneys are you behalf (as an attorney) and make decisions about your health and personal appointing? Write in words. welfare, when you are unable to make decisions for yourself. This can include decisions about your healthcare and medical treatment, decisions about where you live and day-to-day decisions about your personal welfare, such as your diet, dress or daily routine. How many replacement attorneys If you also want someone to make decisions about your property and are you appointing? Write in words financial affairs, you will need a separate form (downloadable from our or write 'None' if this does not apply. website or call 0300 456 0300). Who can fill it in? How many people to be told are Anyone aged 18 or over, who has the mental capacity to do so. you choosing? Write in words from 'None' to 'five', if 'None' you must have two certificate providers in part B. Before you fill in the lasting power of attorney: 1. Please read the guidance available at publicguardian.gov.uk or by calling 0300 456 0300. See, for example, the Lasting power of attorney creation pack or other relevant guidance booklets which are all available online or by post. 2. Make sure you understand the purpose of this lasting power of How many certificate providers attorney and the extent of the authority you are giving your attorneys. do you have? (Tick one box) 3. Read the separate Information sheet to understand all the people OR involved, and how the three parts of the form should be filled in. 4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called Information you must read before If you have used any continuation filling in their relevant part. sheets each one must be signed and dated. Attached to the back of this lasting power of attorney are: This lasting power of attorney could be rejected (Write the number of each) at registration if it contains any errors. continuation sheet A1 continuation sheet A2 continuation sheet A3:HW 2 pages continuation sheet B. Total number of continuation sheets LPA HW 10 09 © Crown copyright 2009 Valid only with Office of the Public Guardian stamp Helpline 0300 456 0300 publicguardian.gov.uk

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Lasting power of attorney for health and welfare

Information you must read



This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your health and welfare when you cannot make your own decisions. This can include where you live, who visits you and the type of care you receive.

When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can only act when you lack the capacity to make the decision in question. You may have capacity to make some decisions about your personal health and welfare but not others.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso. co.uk or read it online at publicguardian.gov.uk

Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose

Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision in question yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your health and welfare. Any guidance you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at publicguardian.gov.uk

How to fill in this form





- · Use black or blue ink and write clearly
- · Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

 Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial

WILLIAM EDWARD SMITH A.S.B / W.E.S. SMYTH

· Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

What happens after you've filled it in?

The next step is to register it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at publicguardian.gov.uk

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will end if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at publicguardian.gov.uk

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Yease write clearly using black or blue ink.	
1 About the person who is giving this lasting pov	ver of attorney
Mr Mrs Ms Miss Other title First names	Address and postcode
Last name	Postcode
Date of birth	Any other names you are known by in medical records or welfare records
O'D'M'M'Y'Y'Y'Y	
2 About the attorneys you are appointing	
 Each attorney must be aged 18 or over. Choose people You are recommended to read the separate guidance for for health and welfare. Your first or only attorney 	
Mr Mrs Ms Miss Other title	Please cross through this section if it does not apply. Mr Mrs Ms Miss Other title
First names of your first or only attorney	First names of your second attorney
Last name of your first or only attorney	Last name of your second attorney
Date of birth of your first or only attorney	Date of birth of your second attorney
Address and postcode of your first or only attorney	Address and postcode of your second attorney
Postcode	Postcode
If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.	Other attorneys you are appointing Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney Cross through this box
	if this does not apply

3 About appointing replacements if an attorney of	can no longer act
3 About appointing replacements if an attorney of	an no longer act
longer able to act because they are dead, have disclair were your civil partner, and have now had the marriage You do not have to appoint any replacements.	the does not want to act for you or who is permanently no med, lack mental capacity or if they were married to you or or civil partnership annulled or dissolved.
 If you appoint only one attorney and no replacements, can no longer act. 	this lasting power of attorney will end when your attorney
Your first or only replacement attorney Please cros	s through this section if it does not apply.
Mr Mrs Ms Miss Other title	Date of birth of your first or only replacement
First names of your first or only replacement	Address and postcode of your first or only replacemen
Last name of your first or only replacement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Postcode
If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys. If you are appointing more than one replacement attorneys.	Other replacement attorneys you are appointing Number of replacement attorneys named in continuation sheet A1 attached to this lasting power of attorney Cross through this box if this does not apply
Helpline Valid only with Of 0300 456 0300	fice of the Public Guardian stamp

4 How you want your attorneys to make decisions	
Thinking about how you want your attorneys to make decisions If you leave this section blank, your attorneys will be appointed to make all decisions jointly. Jointly: this means that the attorneys must make all decisions together. → For further information on appointing your attorneys jointly, see the separate	Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice • Please make your intentions clear about how your attorneys are to make the decision in question, for example about where you live, who visits you and the type of care you receive.
guidance. Jointly and severally: this means that attorneys can make decisions together and separately. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.	 Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if they are not workable. Please read the separate guidance for examples that will not work in practice.
 Jointly for some decisions, and jointly and severally for other decisions: this means that your attorneys must make certain decisions together and may make certain decisions separately. You will need to set out below how you want this to work in practice. 	
How you want your attorneys to make decisions	
If you are appointing only one attorney and no replacem	ent attorneys, now go to section 5 →
Jointly	→ Go to section 5 and cross through the box below
Jointly and severally	→ Go to section 5 and cross through the box below
lointly for some decisions, and jointly and severally for	other decisions
Only if you have ticked the last box above, now tell	us in the space below which decisions your
Only if you have ticked the last box above, now tell	us in the space below which decisions your
Jointly for some decisions, and jointly and severally for only if you have ticked the last box above, now tell attorneys must make jointly and which decisions materials.	us in the space below which decisions your

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Helpline 0300 456 0300 publicguardian.gov.uk Lasting power of attorney for health and welfare

5 About life-sustaining treatment Life-sustaining treatment means any treatment that a You must choose Option A OR Option B. doctor considers necessary to keep you alive. Whether Your attorneys can only make decisions about lifeor not a treatment is life-sustaining will depend on sustaining treatment if you choose Option A. If you the specific situation. Some treatments will be lifechoose Option B, your doctors will take into account sustaining in some situations but not in others. where it is practicable and appropriate the views of The decisions you authorise your attorneys to make for your attorneys and people who are interested in your you in this lasting power of attorney take the place of welfare as well as any written statement you may have any advance decision you have already made on the same subject. When you make your choice and sign this section you You must be clear whether or not you want to give must have a witness. If you cannot sign you can make your attorneys this authority. This is very important so a mark instead. please be clear about the choice you are making. You ff you cannot sign or make a mark use might want to discuss this first with your attorneys or continuation sheet A3:HW -> doctors and health professionals. · someone else must sign for you at your direction. . they must sign in your presence and in the presence of two witnesses. Do not sign Do not sign Option A Option B both boxes both boxes I want to give my attorneys authority to give or I do not want to give my attorneys authority to give refuse consent to life-sustaining treatment on my or refuse consent to life-sustaining treatment on my behalf. behalf. Signed in the presence of a witness by the person who Signed in the presence of a witness by the person is giving this lasting power of attorney who is giving this lasting power of attorney Your signature or mark Your signature or mark The date you sign (or The date you sign (or Date signed or marked Date signed or marked mark) here must be mark) here must be the same as the date you M'M'Y'Y'Y M'M'Y'Y'Y the same as the date you sign or mark section 10 sign or mark section 10 Declaration. Declaration. Witnessed by Who can be a witness You must be 18 or over. Signature of witness · You cannot be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney. · If you have been asked to be the certificate provider at part B, you can be a witness at part A. · A person to be told when the application to register Full names of witness this lasting power of attorney is made can be a witness. Address and postcode of witness Postcode Valid only with Office of the Public Guardian stamp

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6 About restrictions and conditions	
Putting restrictions and conditions into words	Restrictions and conditions about health and welfare
 You should read the separate guidance for examples of conditions and restrictions that will not work in practice. 	
 Your attorneys must follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable. 	
Either: give any restrictions and conditions about health and welfare here	
 Or: if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box. 	If you need more space, use continuation sheet A2
7 About guidance to your attorneys	
Putting guidance into words	Guidance to your attorneys about health and welfare
 Any guidance you add may help your attorneys to identify your views. You do not have to add any. 	Canadice to your automore about nearly and wenare
 Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you. 	
Either: Give any guidance about health and welfare here	
 Or: if you have no guidance to add, please cross through this box. 	
	f you need more space, use continuation sheet A2
8 About paying your attorneys	
Professional charges	Charges for services
 Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to 	Charges for services
pay a non-professional person for their services. You should discuss payment with your attorneys and record any agreement made here to avoid any confusion later.	
You can choose to pay non- professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket	If you need more space, use continuation sheet A2
expenses	→ For further information on paying attorneys, please see the separate guidence.
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Thinking about people to be told	on to register this lasting power of attorney is made
registered. This gives people who know you well ar	ole to be told when your lasting power of attorney is being a opportunity to raise any concerns or objections before this
You do not have to choose anyone. But if y to sign the certificate to confirm understan	you leave this section blank, you must choose two people
	placement named at part A or in continuation sheets to part A.
The first or only person to be told Please cross through this section if it does not apply.	The second person to be told Please cross through this section if it does not apply.
Mr Mrs Ms Miss Other title	Mr Mrs Ms Miss Other title
First names of first or only person to be told	First names of second person to be told
Last name of first or only person to be told	Last name of second person to be told
Address and postcode of first or only person to be told	Address and postcode of second person to be told
Postcode	Postcode
Other people to be told Please cross through this section if it does not apply Tell us about other people to be told on contin Number of other people to be told named in contin sheet A1 attached to this lasting power of attorney	nuation sheet A1.

10 Declaration by the person who is giving this lastin	g power of attorney
Before signing please check that you have: filled in every answer that applies to you	People to be told when the application to register this lasting power of attorney is made
crossed through blank boxes that do not apply to you filled in any continuation sheets crossed through any mistakes you have made initialled any changes you have made.	I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.
No changes may be made to this lasting power of	OR
attorney and no continuation sheets may be added after part A has been filled in and signed. If any change	I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.
appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is	If you cannot sign this lasting power of attorney you can make a mark instead.
made to register it.	If you cannot sign or make a mark use
By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:	□ continuation sheet A3:HW → Signed (or marked) by the person giving this
Statement of understanding	lasting power of attorney and delivered as a deed
have read or had read to me:	
the section called 'Information you must read' on page 2	
all information contained in part A and any continuation sheets to part A of this lasting power	Date signed or marked
of attorney.	D'D'M'M'Y'Y'Y'Y
appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.	Sign (or mark) and date • section 5 (Option A or Option B), and • each continuation sheet at the same time as you sign (or mark) part A here. You must sign (or mark) and date part A here
Statement about life-sustaining treatment	before parts B and C are signed and dated.
have chosen option A or option B about life- sustaining treatment in section 5 of this lasting power of attorney.	
The witness should be independent of you and:	Witnessed by
Must be 18 or over.	Signature of witness
 Cannot be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney. 	
Can be a certificate provider at part B.	
Can be a person to be told when the application to register this lasting power of attorney is made. Must initial any changes made in Part A.	Full names of witness
Sign section 5 (witnessing Option A or Option B)	Address and postcode of witness
O at the same time as you sign part A here.	
	Postcode
rieipilile	of the Public Guardian stamp
J 0300 456 0300	an es d'assinsament l'adastration de l'action de la compa

Lasting power of attorney for health and welfare Page 10 of 12 Your certificate provider fills in, signs and dates this part. Declaration by the person who is signing this certificate Please refer to separate guidance for certificate providers. How you formed your opinion If the guidance is not followed, this lasting power of Before signing this certificate you must establish that attorney may not be valid and could be rejected the donor understands what it is, the authority they are when an application is made to register it. giving their attorneys, and is not being pressurised into making it. In part A (section 9) has the person giving this lasting If someone challenges this lasting power of attorney, power of attorney chosen at least one person to be told you may need to explain how you formed your when the application to register this lasting power of opinion. attorney is made? If yes = one certificate provider fills in this part Statement of personal knowledge or relevant If no = the first certificate provider fills in this part professional skills and the second certificate provider must fill Please cross through the box that does not apply. in continuation sheet B The donor is the person who is giving this lasting power of attorney. I have known the donor for at least two years and as more than an acquaintance. My personal By signing below, I confirm: knowledge of the donor is: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider. Statement of acting independently I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over. I am not: I have relevant professional skills. (Please state · an attorney or replacement attorney named in this your profession - for example, a GP or solicitor lasting power of attorney or any other lasting power of and then the particular skills that are relevant to attorney or enduring power of attorney for the donor you forming your opinion - for example, a · a family member related to the donor or any of their consultant specialising in geriatric care.) attorneys or replacements My profession and particular skills are: · a business partner or paid employee of the donor or any of their attorneys or replacements · the owner, director, manager or employee of a care home that the donor lives in, or a member of their family. Continues over → Valid only with Office of the Public Guardian stamp Helpline 0300 456 0300

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the donor to create this lasting power of attorney there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an		s certificate (continued)
toertify that, in my opinion, at the time of signing part A: the donor understands the purpose of this lasting power of attorney and the scope of the suthority conferred under it on fraud or undue pressure is being used to induce the donor io create this lasting power of attorney or attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed Miss Other title Mr. Mrs. Ms. Miss Other title First names of certificate provider Last name of certificate provider Address and postcode of certificate provider Address and postcode of certificate provider Postcode Helpline Valid only with Office of the Public Guardian stamp		
the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it on fraud or undue pressure is being used to induce the donor to create this lasting power of attorney: there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. If his part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed Mr Mrs Ms Miss Other title First names of certificate provider Last name of certificate provider Address and postoode of certificate provider Postcode Postcode Will M'Y'Y'Y' Date signed Will M'Y'Y'Y'Y Walld only with Office of the Public Guardian stamp		
power of attorney and the scope of the authority conferred under it no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, this lasting power of attorney with to be valid and will be rejected when an application is made to register it. Signature of certificate provider Postcode Will M'Y'Y'Y' Helpline Valid only with Office of the Public Guardian stamp		Mr Mrs Ms Miss Other title
The infauld or undue pressure is being used to induce the donor to create this lasting power of attorney there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, if this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed MMYYYYY Helpline Walld only with Office of the Public Guardian stamp		
The donor to create this lasting power of attorney: there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Donot sign until part A of this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register I. Signature of certificate provider Date signed MMYYYYY Helpline Valid only with Office of the Public Guardian stamp	conferred under it	First names of contificate provider
there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed This is a complete of the Public Guardian stamp Walld only with Office of the Public Guardian stamp	no fraud or undue pressure is being used to induce	First flames of certificate provider
lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed TMMYYYYY Helpline Valid only with Office of the Public Guardian stamp		
Completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed Date signed Walid only with Office of the Public Guardian stamp		Last name of certificate provider
Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed MMYYYYY Wall only with Office of the Public Guardian stamp		
Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed MMYYYYY Wall only with Office of the Public Guardian stamp	Your signature	Address and postends of padilicate provider
Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed MMYYYYY Wild only with Office of the Public Guardian stamp	⚠ Do not sign until part A of this lasting power of	Address and postcode of certificate provider
part is signed before part A is signed, this lasting power of atterney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed MMYYYYY MMYYYYY Helpline Valid only with Office of the Public Guardian stamp	attorney has been filled in and signed.	
of attorney will not be valid and will be rejected when an application is made to register it. Signature of certificate provider Date signed	Sign as soon as possible after part A is signed. If this	
Application is made to register it. Signature of certificate provider Date signed D'D'M'M'Y'Y'Y'Y Helpline Valid only with Office of the Public Guardian stamp		
Date signed	application is made to register it.	Postcode
Date signed Distribution of the Public Guardian stamp Valid only with Office of the Public Guardian stamp	Signature of certificate provider	
Helpline Valid only with Office of the Public Guardian stamp		
Helpline Valid only with Office of the Public Guardian stamp		
Helpline Valid only with Office of the Public Guardian stamp		
Helpline Valid only with Office of the Public Guardian stamp		
Helpline Valid only with Office of the Public Guardian stamp	Date signed	
Helpline Valid only with Office of the Public Guardian stamp		
	D M M Y Y Y Y	
	Helpline Valid only with Office	e of the Public Guardian stamp

	orney or replacement attorney attorney(s) sign and date this part.
f you are appointing more than one attorney, including this sheet before it is filled in so that each attorney ha	
Statement by the attorney or replacement attorney w	ho is signing this declaration
 Before a replacement can act for you, they must get in to original lasting power of attorney form. They will get guid: 	
By signing below, I confirm all of the following:	Control of the state of the sta
Understanding of role and responsibilities	For this lasting power of attorney to be valid and registered this part should not be signed
I have read the section called 'Information you must	before Part A or part B have been completed,
read' on page 2 of this lasting power of attorney.	signed and dated. Sign part C as soon as possible after part B is signed.
I understand my role and responsibilities under this	possible distributed to agree.
I have a duty to act based on the principles of the	Signed or marked by the attorney or replacement
Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice	attorney as a deed and delivered (or if to be signe at their direction refer to separate guidance)
I can make decisions and act only when this lasting	÷-E
power of attorney has been registered and when the	72 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
person who is giving this lasting power of attorney lacks mental capacity	
I must make decisions and act in the best interests of	Full name of [attorney] or [replacement attorney] (delete as appropriate)
the person who is giving this lasting power of attorney	(uniote as appropriate)
Further statement of replacement attorney	
If an original attorney's appointment is terminated, I will	Date signed or marked
replace the original attorney if I am still eligible to act as	O' M'M'Y'Y'Y'Y
an attorney.	
I have the authority to act under this lasting power of attorney only after an original attorney's appointment	
is terminated and I have notified the Public Guardian of	
the event.	
The witness must be over 18 and can be:	Signature of witness
another attorney or replacement attorney named at	
part A or in continuation sheet A to this lasting power	(4) [1] (4) [
of attorney	0-1-15
 a certificate provider at part B of this lasting power of attorney. 	Full name of witness
a person to be told when the application to register	Full name of witness
this lasting power of attorney is made.	
The donor cannot be a witness.	Address and postcode of witness to the attorney's
The witness must see the attorney or replacement	or replacement attorney's signature
attorney sign or make a mark.	11 11 51 15
	916
	Postcodo
	Postcode
Helpline Valid only with Office	e of the Public Guardian stamp

	people	anna an ann an Iaraha ba ba balal
Use this continuation sheet for details of all additional at Make copies of this sheet before filling it in if you need n		neys, or people to be told.
About the additional people		
For each additional person, provide the following details Whether you want them to act as an attorney,	For example: Third attorney Mr John Smith,	or: • Second replacement attorney
eplacement attorney or person to be told If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration	38 London Street, Posttown, PC6 9ZZ 19 January 1960 Mrs Susan Jo. 27 Lincoln Ro. Posttown, PC7 Posttown, PC7	Mrs Susan Jones 27 Lincoln Road, Posttown, PC7 9XX 12 December 1962
Their title, full name, address (including postcode) Their date of birth		- 12 December 1902
About you		
About you Name of person who is giving this lasting power of attorney		or signed by the direction
Name of person who is giving this lasting power		
Name of person who is giving this lasting power of attorney Date signed or marked		this lasting power of attorne

	Lasting power of attorr
A2 Continuation sheet A2 – how your a severally, restrictions & conditions,	ttorneys make decisions jointly and guidance, payment
Only use this continuation sheet to provide further addition	
Make copies of this sheet before filling it in if you need m	nore than one sheet.
About the additional information For each additional piece of information you are pro-	virting state whether it relates to:
Which decisions your attorneys should make jointly and w.	
decisions they should make jointly and severally (only if the	
Restrictions and conditions Guidance to your attorneys	
Paying your attorneys	
About you	
	Signed or marked by (or signed by the direction
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
Name of person who is giving this lasting power	
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney Date signed or marked	
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney Date signed or marked	
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y'Y	of) the person giving this lasting power of attorne
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y'Y Please attach this sheet to the back of your lasting	
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the	of) the person giving this lasting power of attorne
About you Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y' Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.	of) the person giving this lasting power of attorne This is continuation sheet number
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y' Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.	of) the person giving this lasting power of attorne This is continuation sheet number
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y' Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.	This is continuation sheet number Total number of continuation sheets
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y' Please attach this sheet to the back of your lasting cower of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.	of) the person giving this lasting power of attorne This is continuation sheet number

		La	sang power v	of attorney for health and wel
A3 :HW	Continuation sheet A3 (if you cannot sign or m	(health and we ake a mark	lfare) –	
Use this continuation sl	heet if you cannot sign or make a	mark at part A of	your lasting	power of attorney.
lasting power of attorney	ehalf of the person giving this must seence and in the presence of	Full name of the	person sig	ning
Option A	O Do not sign both boxes	Option	В	Do not sign both boxes
refuse consent to life-s behalf.	neys authority to give or sustaining treatment on my signing for the person who is r of attorney	or refuse consi behalf.	ent to life-s meone sign	ttorneys authority to give ustaining treatment on m ning for the person who is attorney
Date signed	Y The date you sign here must be the same as the date you sign below.	Date signed	,,A,A,A	The date you sign here must be the same as the date you sig below.
Cinastura of company	signing on behalf of the person	an civing this las	line nouse	of ottornous
NA 4 - P N - 12 - 12 N - 12 N - 12 N - 12	igned at Option A or Option B i	n the presence o	f and direc	
giving this lasting pov	ver of attorney and in the prese	ence of two withe	Signed as a deed and delivered in the present of and directed by the person giving this lasti power of attorney and in the presence of two	
		Signed as a de of and directe power of attor	d by the pe	rson giving this lasting
Date signed D'D'M'M'Y'Y' Sign and date Opticach continuation sign part A here.	Y on A or Option B above, and sheet, at the same time as you date part A here before parts	Signed as a de	d by the pe	rson giving this lasting
Date signed DDMMYYYY Sign and date Opticach continuation sign part A here. You must sign and B and C are signed This continuation s	Y ion A or Option B above, and sheet, at the same time as you date part A here before parts and dated.	Signed as a de of and directe power of attor	d by the pe	rson giving this lasting
giving this lasting pove Date signed D'D'M'M'Y'Y'Y' Sign and date Optic each continuation sign part A here. You must sign and B and C are signed This continuation so Two witnesses must have been page indipages of continuation signed and continuation signed.	Y ion A or Option B above, and sheet, at the same time as you date part A here before parts it and dated.	Signed as a de of and directe power of attor	d by the pe ney and in	rson giving this lasting the presence of two

Lasting power of attorney for health and welfare

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Each witness Must be 18 or over. Cannot be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney. Witnessed by	Can be a certificate provider at part B,. Can be a person to be told when the application to register this lasting power of attorney is made. Must initial any changes made in Part A. Also witnessed by
Signature of first witness	Signature of second witness
Date signed	Date signed D'D'M'M'Y'Y'Y'Y
Full names of first witness	Full names of second witness
Address and postcode of first witness	Address and postcode of second witness
Postcode	Postcode
About you	
Name of person who is giving this lasting power of attorn This continuation sheet has two pages. Number each page individually and attach both	This is continuation sheet number
pages of continuation sheet A3:HW to the back of your lasting power of attorney after they have been signed and dated.	Total number of continuation sheets

Continuation sheet B – declaration by certificate to confirm understanding	y your second certificate provider:		
Your second certificate provider signs and dates this cont	tinuation sheet		
Declaration by the person who is signing this certifi			
Please refer to separate guidance for certificate providers.	How you formed your opinion		
If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.	Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.		
In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?	If someone challenges this lasting power of attorney you may need to explain how you formed your opinion.		
If yes = you only need one certificate provider so you do not need to fill in this continuation sheet	Statement of personal knowledge or relevant professional skills		
If no = the second certificate provider must fill in this continuation sheet	Please cross through the box that does not apply. EITHER		
The donor is the person who is giving this lasting power of attorney.	I have known the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:		
By signing below, I confirm:	knowledge of the donor is.		
My understanding of the role and responsibilities			
I have read part A of this lasting power of attorney, including any continuation sheets.			
I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.			
I understand my role and responsibilities as a certificate provider.			
Statement of acting independently			
confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.	OR		
I am not:	I have relevant professional skills. (Please state		
an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of	your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a		
 attorney or enduring power of attorney for the donor a family member related to the donor or any of their attorneys or replacements 	consultant specialising in geriatric care'.)		
a business partner or paid employee of the donor or any of their attorneys or replacements	My profession and particular skills are:		
 the owner, director, manager or employee of a care home that the donor lives in, or a member of their family 			
 a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only). 			
Number each page individually and attach both	This is continuation sheet number		
continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.	Total number of continuation sheets Continues over		

Continuation sheet B (continued) - de		
provider: certificate to confirm under		
Declaration by the person who is signing this certification	ate (continued)	
Things you certify I certify that, in my opinion, at the time of signing part A:	Name and address of the person who is signing this certificate Mr Mrs Ms Miss Other title	
 the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it 	First names of certificate provider	
 no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney 	First frames of certificate provider	
there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.	Last name of certificate provider	
Your signature	Address and postcode of certificate provider	
Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.	Postcode	
Signature of certificate provider		
Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number Total number of continuation sheets	

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 ("the 2007 Regulations") so as to substitute new prescribed forms for instruments intended to create a property and financial affairs Lasting Power of Attorney or a health and welfare Lasting Power of Attorney. The relevant prescribed form must be used in order to make either a health and welfare or a property and financial affairs Lasting Power of Attorney. However regulation 6 permits the continued use of the forms which are replaced by the new prescribed forms provided execution of the form occurs before 1 April 2011.

Regulation 3 of these Regulations corrects a minor and non-substantive error in regulation 18(2)(a) of the 2007 Regulations by removing the word 'of'. Regulation 4 of these Regulations corrects an error in regulation 32(6) of the 2007 Regulations by inserting the word 'relating'. This word was omitted in error in the 2007 Regulations. The purpose of regulation 32 is to disclose information about P rather than to disclose information to P, as regulation 32(3) of the 2007 Regulations makes clear. The amendment to regulation 32(6) of the 2007 Regulations reflects this.