

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE

ENDURING POWER OF ATTORNEY

Part C: To be completed by the attorney(s)

Note:

1. This form may be adapted to provide for execution by a corporation
2. If there is more than one attorney additional sheets in the form as shown below must be added to this Part C

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- Note:** 1. This form may be adapted to provide for execution by a corporation
 2. If there is more than one attorney additional sheets in the form as shown below must be added to this Part C

Please read the notes in the margin which follow and which are part of the form itself.

Don't sign this form before the donor has signed Part B or if, in your opinion, the donor was already mentally incapable at the time of signing Part B.

- If this form is being signed at your direction:-
- the person signing must not be an attorney or any witness (to Parts B or C).
 - you must add a statement that this form has been signed at your direction.
 - a second witness is necessary (please see below).

Signature (or mark) of attorney.

Date.

Signature of witness.

The attorney must sign the form and his signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of the other.

A second witness is only necessary if this form is not being signed by you personally but at your direction (for example, if a physical disability prevents you from signing).
 Signature of second witness.

I understand that I have a duty to apply to the Court for the registration of this form under the Enduring Powers of Attorney Act 1985 when the donor is becoming or has become mentally incapable.

I also understand my limited power to use the donor's property to benefit persons other than the donor.

I am not a minor

Signed by me as a deed _____
and delivered

on _____

in the presence of _____

Full name of witness _____

Address of witness _____

in the presence of _____

Full name of witness _____

Address of witness _____

