

**2005 No. 3126**

**POWERS OF ATTORNEY, ENGLAND AND WALES**  
**MENTAL HEALTH, ENGLAND AND WALES**

**The Court of Protection (Enduring Powers of Attorney)  
(Amendment No. 2) Rules 2005**

<i>Made</i> - - - -	<i>8th November 2005</i>
<i>Laid before Parliament</i>	<i>10th November 2005</i>
<i>Coming into force</i> - -	<i>5th December 2005</i>

The Lord Chancellor makes the following Rules in exercise of the powers conferred by sections 106 and 108 of the Mental Health Act 1983(a):

**Citation, commencement and interpretation**

1.—(1) These Rules may be cited as the Court of Protection (Enduring Powers of Attorney) (Amendment No. 2) Rules 2005 and shall come into force on 5th December 2005.

(2) In these Rules a reference to a rule or Schedule by number alone is a reference to the rule or Schedule so numbered in the Court of Protection (Enduring Powers of Attorney) Rules 2001(b).

**Amendment to Court of Protection (Enduring Powers of Attorney) Rules 2001**

2. In Schedule 1, for Form EP2 substitute the form set out in the Schedule to these Rules.

**Transitional provisions**

3. In relation to an application to register an enduring power of attorney which is received by the court on or after 5th December 2005, but before 1st April 2007 the reference in rule 7 to Form EP2 shall be treated as including a form which would have satisfied the requirements of Form EP2 if these Rules had not been made.

Signed by authority of the Lord Chancellor

8th November 2005

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

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(a) 1983 c. 20.

(b) S.I. 2001/825 as amended by S.I. 2002/832, S.I. 2002/1944 and S.I. 2005/668.

# SCHEDULE

Rule 2

## Form EP2

### Court of Protection Enduring Powers of Attorney Act 1985 Form EP2 Application for Registration

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

#### Part One - The Donor

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

Mr Mrs Ms Miss Other

If Other, please  
specify here:

Place a cross against one option

Last Name:

Forename 1:

Other

Forenames:

Name of  
Residence:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Donor Date  
of Birth:

D D M M Y Y Y Y

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

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

Provider details

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**Part Two - Attorney One**

**Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.**

Mr  Mrs  Ms  Miss  Other  If Other, please specify here:

*Place a cross against one option*

Last Name:

Forename 1:

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:  DX No. (solicitors only):

DX Exchange (solicitors only):

Attorney Date of Birth:  Daytime Tel No.:  (STD Code):

D D M M Y Y Y Y

Email Address:

Occupation:

**Relationship to donor:**

Civil Partner/Spouse  Child  Other Relation  No Relation  Solicitor  Other Professional  If 'Other Relation' or 'Other Professional', specify relationship:

*Place a cross against one option*

**Part B of the Enduring Power of Attorney states whether the attorney is to act jointly, jointly and severally, or alone.**

Appointment (*Place a cross against one option* ):

Jointly

Jointly and Severally

Alone

**Part Three - Attorney Two**

Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.

Mr  Mrs  Ms  Miss  Other   
 Place a cross against one option  If Other, please specify here:

Last Name:

Forename 1:

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:  DX No. (solicitors only):

DX Exchange (solicitors only):

Attorney Date of Birth:  Daytime Tel No.:

D D M M Y Y Y Y (STD Code):

Email Address:

Occupation:

Relationship to donor:  
 Civil Partner/Spouse  Child  Other Relation  No Relation  Solicitor  Other Professional   
 Place a cross against one option  If 'Other Relation' or 'Other Professional', specify relationship:

**Part Four - Attorney Three**

Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.

Mr  Mrs  Ms  Miss  Other   
 Place a cross against one option  If Other, please specify here:

Last Name:

Forename 1:

**Part Four - Attorney Three cont'd**

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:  DX No. (solicitors only):

DX Exchange (solicitors only):

Attorney Date of Birth:  Daytime Tel No.:  (STD Code):

D D M M Y Y Y Y

Email Address:

Occupation:

Relationship to donor:

Civil Partner/Spouse	Other Relation	No Relation	Solicitor	Other Professional	If 'Other Relation' or 'Other Professional', specify relationship:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Place a cross against one option

If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form).

**Part Five - The Enduring Power of Attorney**

**I (We) the attorney(s) apply to register the Enduring Power of Attorney made by the donor under the Enduring Powers of Attorney Act 1985, the original of which accompanies this application.**

**I (We) have reason to believe that the donor is or is becoming mentally incapable.**

Date that the **Donor** signed the Enduring Power of Attorney.   
*You can find this in Part B of the Enduring Power of Attorney.*  
 D D M M Y Y Y Y

To your knowledge, has the Donor made any other Enduring Powers of Attorney?: Yes No  
   
 Place a cross against one option

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

**Part Six - Notice of Application to Donor**

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

I (We) have given notice of the application to register in the prescribed form (EPI) to the donor personally,

on this date:   
D D M M Y Y Y Y

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

Full Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Address 3: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
County: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Part Seven - Notice of Application to Relatives**

Please complete details of all relatives entitled to notice.

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

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

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

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







## **EXPLANATORY NOTE**

*(This note is not part of the Rules)*

These Rules amend the Court of Protection (Enduring Powers of Attorney) Rules 2001 (S.I. 2001/825) so as to substitute a new version of Form EP2, the form prescribed for an application to the court to register an enduring power of attorney. The new version of Form EP2 adds the relationship of civil partner to the parts of the form where the attorneys are required to specify their relationship to the donor. Rule 3 allows applications to be made in the Form EP2 substituted by these Rules until 1st April 2007.

**2005 No. 3126**

**POWERS OF ATTORNEY, ENGLAND AND WALES**

**MENTAL HEALTH, ENGLAND AND WALES**

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