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STATUTORY INSTRUMENTS

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**2007 No. 1253**

**MENTAL CAPACITY, ENGLAND AND WALES**

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

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

The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 13(6)(a), 58(3) and 64(1) of, and Schedules 1 and 4 to, the Mental Capacity Act 2005<sup>M1</sup>.

**Marginal Citations**

**M1** 2005 c.9. Paragraph 1(3) of Schedule 1 is cited because of the meaning there given to “prescribed” and “regulations”.

**PART 1**

PRELIMINARY

**Citation and commencement**

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

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

**Interpretation**

2.—(1) In these Regulations—

“the Act” means the Mental Capacity Act 2005;

“court” means the Court of Protection;

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

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

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

### Minimal differences from forms prescribed in these Regulations

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

### Computation of time

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

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

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

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

(5) In this regulation—

“business day” means a day other than—

- (a) a Saturday, Sunday, Christmas Day or Good Friday; or
- (b) a bank holiday under the Banking and Financial Dealings Act 1971 <sup>M2</sup>, in England and Wales; and

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

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

are not included.

#### Marginal Citations

M2 1971 c.80.

## PART 2

### LASTING POWERS OF ATTORNEY

#### *Instruments intended to create a lasting power of attorney*

##### **Forms for lasting powers of attorney**

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

##### **Maximum number of named persons**

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

##### **Requirement for two LPA certificates where instrument has no named persons**

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

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

##### **Persons who may provide an LPA certificate**

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

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

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

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

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

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

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- (d) a family member of a donee within sub-paragraph (b);
  - (e) a director or employee of a trust corporation acting as a donee within sub-paragraph (b);
  - (f) a business partner or employee of—
    - (i) the donor, or
    - (ii) a donee within sub-paragraph (b);
  - (g) an owner, director, manager or employee of any care home in which the donor is living when the instrument is executed; or
  - (h) a family member of a person within sub-paragraph (g).
- (4) In this regulation—
- “care home” has the meaning given in section 3 of the Care Standards Act 2000 <sup>M3</sup>;
- “registered health care professional” means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 <sup>M4</sup>; and
- “registered social worker” means a person registered as a social worker in a register maintained by—
- (a) the General Social Care Council;
  - (b) the Care Council for Wales;
  - (c) the Scottish Social Services Council; or
  - (d) the Northern Ireland Social Care Council.

#### Marginal Citations

**M3** 2000 c.14.

**M4** 2002 c.17.

#### Execution of instrument

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

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

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

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

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

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

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

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

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

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

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

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

(7) If the instrument is to be signed by any person at the direction of the donor, or at the direction of any donee, the signature must be done in the presence of two witnesses.

(8) For the purposes of this regulation—

- (a) the donor may not witness any signature required for the power;
- (b) a donee may not witness any signature required for the power apart from that of another donee.

(9) A person witnessing a signature must—

- (a) sign the instrument; and
- (b) give his full name and address.

(10) Any reference in this regulation to a person signing an instrument (however expressed) includes his signing it by means of a mark made on the instrument at the appropriate place.

#### *Registering the instrument*

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

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

#### **Application for registration**

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

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

- (a) the original instrument intended to create the power, nor
- (b) a certified copy of it,

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

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

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

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

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

- (a) the date on which the Public Guardian gave the notice or notices under paragraph 7 or 8 of Schedule 1 to the Act of receipt of an application for registration; or

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- (b) if notices were given on more than one date, the latest of those dates.

### **Notice of receipt of application for registration**

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

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

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

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

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

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

### **Objection to registration: notice to Public Guardian [<sup>F1</sup>to be given by the donee of the power or a named person]**

**14.**—(1) This regulation deals with any objection to the registration of an instrument as a lasting power of attorney which is to be made to the Public Guardian [<sup>F2</sup>by the donee of the power or a named person].

(2) Where [<sup>F3</sup>the donee of the power or a named person] —

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

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

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

- (a) the name and address of the objector;
- (b) <sup>F4</sup>... the name and address of the donor of the power;
- (c) if known, the name and address of the donee (or donees); and
- (d) the ground for making the objection.

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

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

(6) Where—

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

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

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

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

#### Textual Amendments

- F1** Words in reg. 14 title inserted (1.10.2007) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2007 \(S.I. 2007/2161\)](#), regs. 1, **3(1)**
- F2** Words in reg. 14(1) inserted (1.10.2007) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2007 \(S.I. 2007/2161\)](#), regs. 1, **3(2)**
- F3** Words in reg. 14(2) substituted (1.10.2007) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2007 \(S.I. 2007/2161\)](#), regs. 1, **3(3)**
- F4** Words in reg. 14(3)(b) omitted (1.10.2007) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2007 \(S.I. 2007/2161\)](#), regs. 1, **3(4)**

#### [<sup>F5</sup>Objection to registration: notice to Public Guardian to be given by the donor

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

(2) Where the donor of the power—

- (a) is entitled to receive notice under paragraph 8 of Schedule 1 to the Act of an application for the registration of the instrument, and
- (b) wishes to object to the registration,

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

(3) The donor of the power must give notice of his objection in writing to the Public Guardian, setting out—

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

#### Textual Amendments

- F5** [Reg. 14A](#) inserted (1.10.2007) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2007 \(S.I. 2007/2161\)](#), regs. 1, **4**

#### Objection to registration: application to the court

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

(2) The grounds for making an application to the court are—

- (a) that one or more of the requirements for the creation of a lasting power of attorney have not been met;

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- (b) that the power has been revoked, or has otherwise come to an end, on a ground other than the grounds set out in paragraph 13(1) of Schedule 1 to the Act;
  - (c) any of the grounds set out in paragraph (a) or (b) of section 22(3) of the Act.
- (3) Where any person—
- (a) is entitled to receive notice under paragraph 6, 7 or 8 of Schedule 1 to the Act of an application for the registration of the instrument, and
  - (b) wishes to object to registration on one or more of the grounds set out in paragraph (2),
- he must make an application to the court before the end of the period of 5 weeks beginning with the date on which the notice is given.
- (4) The notice of an application to the court, which a person making an objection to the court is required to give to the Public Guardian under paragraph 13(3)(b)(ii) of Schedule 1 to the Act, must be in writing.

### **Notifying applicants of non-registration of lasting power of attorney**

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

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

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

### **Notice to be given on registration of lasting power of attorney**

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

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

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

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

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

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

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

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



### Post-registration

#### Changes to instrument registered as lasting power of attorney

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

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

- (a) the original <sup>F6</sup>... instrument which was sent to the Public Guardian for registration;
- (b) any office copy of that registered instrument; and
- (c) any certified copy of that registered instrument.

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

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

#### Textual Amendments

**F6** Word in reg. 18(2)(a) omitted (1.10.2009) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2009 \(S.I. 2009/1884\)](#), regs. 1(1), 3 (with reg. 6)

#### Loss or destruction of instrument registered as lasting power of attorney

19.—(1) This regulation applies where—

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

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

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

#### Disclaimer of appointment by a donee of lasting power of attorney

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

(2) The donee must send—

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

### **Revocation by donor of lasting power of attorney**

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

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

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

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

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

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

### **Revocation of a lasting power of attorney on death of donor**

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

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

## **PART 3**

### **ENDURING POWERS OF ATTORNEY**

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

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

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

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

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

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

#### **Application for registration**

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

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

- (a) the original instrument creating the power, nor

(b) a certified copy of it,  
the Public Guardian must not register the instrument unless the court directs him to do so.

(3) “Certified copy”, in relation to an enduring power of attorney, means a copy certified in accordance with section 3 of the Powers of Attorney Act 1971 <sup>M5</sup>.

**Marginal Citations**

M5 1971 c.27

**Notice of objection to registration**

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

- (2) A notice of objection must be given in writing, setting out—
- (a) the name and address of the objector;
  - (b) if different, the name and address of the donor of the power;
  - (c) if known, the name and address of the attorney (or attorneys); and
  - (d) the ground for making the objection.

**Notifying applicants of non-registration of enduring power of attorney**

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

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

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

**Registration of instrument creating an enduring power of attorney**

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

- (a) retain a copy of the instrument; and
  - (b) return to the person (or persons) who applied for registration the original instrument, or the certified copy of it, which accompanied the application.
- (2) “Certified copy” has the same meaning as in regulation 24(3).

**Objection or revocation not applying to all joint and several attorneys**

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

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

**Loss or destruction of instrument registered as enduring power of attorney**

**29.**—(1) This regulation applies where—

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

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

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

**PART 4**

**FUNCTIONS OF THE PUBLIC GUARDIAN**

*The registers*

**Establishing and maintaining the registers**

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

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

which the Public Guardian must establish and maintain.

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

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

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

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

(2) An application must—

- (a) state—
  - (i) the register or registers to be searched;
  - (ii) the name of the person to whom the application relates; and

- (iii) such other details about that person as the Public Guardian may require for the purpose of carrying out the search; and
  - (b) be accompanied by any fee provided for under section 58(4)(b) of the Act.
- (3) The Public Guardian may require the applicant to provide such further information, or produce such documents, as the Public Guardian reasonably considers necessary to enable him to carry out the search.
- (4) As soon as reasonably practicable after receiving the application—
- (a) the Public Guardian must notify the applicant of the result of the search; and
  - (b) in the event that it reveals one or more entries on the register, the Public Guardian must disclose to the applicant all the information appearing on the register in respect of each entry.

### **Disclosure of additional information held by the Public Guardian**

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

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

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

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

(4) An application must state—

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

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

(6) In determining whether to disclose any additional information [<sup>F7</sup>relating] to P, the Public Guardian must, in particular, have regard to—

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

#### **Textual Amendments**

- F7** Word in reg. 32(6) inserted (1.10.2009) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2009 \(S.I. 2009/1884\)](#), regs. 1(1), 4 (with reg. 6)

*Security for discharge of functions***Persons required to give security for the discharge of their functions**

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

(2) The security must be given by S—

- (a) by means of a bond which is entered into in accordance with regulation 34; or
- (b) in such other manner as the court may direct.

(3) For the purposes of paragraph (2)(a), S complies with the requirement to give the security only if—

- (a) the endorsement required by regulation 34(2) has been provided; and
- (b) the person who provided it has notified the Public Guardian of that fact.

(4) For the purposes of paragraph (2)(b), S complies with the requirement to give the security—

- (a) in any case where the court directs that any other endorsement must be provided, only if—
  - (i) that endorsement has been provided; and
  - (ii) the person who provided it has notified the Public Guardian of that fact;
- (b) in any case where the court directs that any other requirements must be met in relation to the giving of the security, only if the Public Guardian is satisfied that those other requirements have been met.

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

**34.**—(1) This regulation has effect for the purposes of regulation 33(2)(a).

(2) A bond is entered into in accordance with this regulation only if it is endorsed by—

- (a) an authorised insurance company; or
- (b) an authorised deposit-taker.

(3) A person may enter into the bond under—

- (a) arrangements made by the Public Guardian; or
- (b) other arrangements which are made by the person entering into the bond or on his behalf.

(4) The Public Guardian may make arrangements with any person specified in paragraph (2) with a view to facilitating the provision by them of bonds which persons required to give security to the Public Guardian may enter into.

(5) In this regulation—

“authorised insurance company” means—

- (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000<sup>M6</sup> to effect or carry out contracts of insurance;
- (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule to effect or carry out contracts of insurance;
- (c) a person who carries on insurance market activity (within the meaning given in section 316(3) of that Act); and

“authorised deposit-taker” means—

- (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to accept deposits;

- (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule to accept deposits.
- (6) The definitions of “authorised insurance company” and “authorised deposit-taker” must be read with—
  - (a) section 22 of the Financial Services and Markets Act 2000;
  - (b) any relevant order <sup>M7</sup> under that section; and
  - (c) Schedule 2 to that Act.

#### Marginal Citations

M6 2000 c.8.

M7 S.I. 2001/544, as amended by S.I. 2001/3544, 2002/682, 1310, 1776 and 1777, 2003/1475, 1476 and 2822, 2004/1610 and 2737, 2005/593, 1518 and 2967 and 2006/1969, 2383 and 3221.

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

- 35.—(1) This regulation applies to any security given under regulation 33(2)(a).
- (2) At such times or at such intervals as the Public Guardian may direct by notice in writing, any person (“S”) who has given the security must satisfy the Public Guardian that any premiums payable in respect of it have been paid.
- (3) Where S proposes to replace a security already given by him, the new security is not to be regarded as having been given until the Public Guardian is satisfied that—
- (a) the requirements set out in sub-paragraphs (a) and (b) of regulation 33(3) have been met in relation to it; and
  - (b) no payment is due from S in connection with the discharge of his functions.

#### Enforcement following court order of any endorsed security

- 36.—(1) This regulation applies to any security given to the Public Guardian in respect of which an endorsement has been provided.
- (2) Where the court orders the enforcement of the security, the Public Guardian must—
- (a) notify any person who endorsed the security of the contents of the order; and
  - (b) notify the court when payment has been made of the amount secured.

#### Discharge of any endorsed security

- 37.—(1) This regulation applies to any security given by a person (“S”) to the Public Guardian in respect of which an endorsement has been provided.
- (2) The security may be discharged if the court makes an order discharging it.
- (3) In any other case, the security may not be discharged until the end of the period of 7 years commencing with whichever of the following dates first occurs—
- (a) if the person on whose behalf S was appointed to act dies, the date of his death;
  - (b) if S dies, the date of his death;
  - (c) if the court makes an order which discharges S but which does not also discharge the security under paragraph (2), the date of the order;

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*Changes to legislation: There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)*

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

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

### *Deputies*

#### **Application for additional time to submit a report**

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

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

(3) An application must—

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

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

#### **Content of reports**

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

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

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

(3) But paragraph (2)—

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

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

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

(5) The Public Guardian may require—

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

as he may reasonably require.

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



### Power to require final report on termination of appointment

40.—(1) This regulation applies where—

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

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

(3) A final report must be submitted—

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

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

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

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

### Power to require information from deputies

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

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

(2) The Public Guardian may require the deputy—

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

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

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

(4) The Public Guardian may require—

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

as he may reasonably require.

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

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

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

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

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

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

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

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

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

*Miscellaneous functions***Applications to the Court of Protection**

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

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

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

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

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

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

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

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

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

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

#### **Functions in relation to persons carrying out specific transactions**

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

- (2) The Public Guardian has the functions of—
  - (a) receiving any reports from T which the court may require;
  - (b) dealing with representations (including complaints) about—
    - (i) the way in which the transaction has been or is being carried out; or
    - (ii) any failure to carry it out.
- (3) Regulations 38 to 41 have effect in relation to T as they have effect in relation a deputy.

#### **Power to require information from donees of lasting power of attorney**

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

- (a) have behaved, or may be behaving, in a way that contravenes his authority or is not in the best interests of the donor of the power,
  - (b) be proposing to behave in a way that would contravene that authority or would not be in the donor's best interests, or
  - (c) have failed to comply with the requirements of an order made, or directions given, by the court.
- (2) The Public Guardian may require the donee—
    - (a) to provide specified information or information of a specified description; or
    - (b) to produce specified documents or documents of a specified description.
  - (3) The information or documents must be provided or produced—
    - (a) before the end of such reasonable period as may be specified; and
    - (b) at such place as may be specified.
  - (4) The Public Guardian may require—
    - (a) any information provided to be verified in such manner, or
    - (b) any document produced to be authenticated in such manner,as he may reasonably require.
  - (5) “Specified” means specified in a notice in writing given to the donee by the Public Guardian.

#### **Power to require information from attorneys under enduring power of attorney**

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

- (2) The Public Guardian may require the attorney—

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

**Other functions in relation to enduring powers of attorney**

**48.** The Public Guardian has the following functions—

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

Signed by authority of the Lord Chancellor.

Department for Constitutional Affairs

*Cathy Ashton,*  
Parliamentary Under-Secretary of State,

1<sup>F8</sup>SCHEDULE 1

Regulation 5

Form for Instrument Intended to Create a Lasting Power of Attorney

**Textual Amendments**

**F8** Sch. 1 substituted (1.10.2009) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2009 \(S.I. 2009/1884\)](#), reg. 1(1), **Sch.** (with reg. 6)

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

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Page 1 of 11 – Keep all pages of this form together

For OPG office use only

LPA PA  
registered on  
OPG reference  
number

Office of the  
Public Guardian

## Lasting power of attorney – property and financial affairs

### About this lasting power of attorney

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.

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 0300 456 0300).

### Who can fill it in?

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](http://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 attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **information sheet** to understand all the people 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 filling in their relevant part**.



**This lasting power of attorney could be rejected at registration if it contains any errors.**

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### Checklist

See the information sheet for guidance on all the people involved

Part A: about you, the attorneys you are appointing, and people to be told

How many **attorneys** are you appointing? Write **in words**.

How many **replacement attorneys** are you appointing? Write **in words** or write 'None' if this does not apply.

How many **people to be told** are you choosing? Write **in words** from 'None' to 'five'. If 'None' you must have **two certificate providers in part B**.

Part B: about your certificate providers

How many **certificate providers do you have?** (Tick one box)

One OR  Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this 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

Total number of continuation sheets

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### 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](http://tso.co.uk) or read it online at [publicguardian.gov.uk](http://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](http://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:
- 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:  
  
*WILLIAM EDWARD SMYTH*  
*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](http://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](http://publicguardian.gov.uk)

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# Part A

Declaration by the person who is giving this lasting power of attorney

*Please write clearly using black or blue ink.*

### 1 About the person who is giving this lasting power of attorney

<p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input style="width: 50px;" type="text"/></p> <p>First names <input style="width: 100%;" type="text"/></p> <p>Last name <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 100%;" type="text"/></p>	<p>Address and postcode <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 50px;" type="text"/></p> <p>Any other names you are known by in financial documents or accounts <input style="width: 100%;" type="text"/></p>
--	---

### 2 About the attorneys you are appointing

**If you are appointing a trust corporation alone, cross through this section and go to 2A →**

**Thinking about your attorneys**

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for property and financial affairs.
- Your attorney must not be bankrupt.

<p><b>Your first or only attorney</b></p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input style="width: 50px;" type="text"/></p> <p>First names of your first or only attorney <input style="width: 100%;" type="text"/></p> <p>Last name of your first or only attorney <input style="width: 100%;" type="text"/></p> <p>Date of birth of your first or only attorney <input style="width: 100%;" type="text"/></p> <p>Address and postcode of your first or only attorney <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 50px;" type="text"/></p>	<p><b>Your second attorney</b> <i>Please cross through this section if it does not apply.</i></p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input style="width: 50px;" type="text"/></p> <p>First names of your second attorney <input style="width: 100%;" type="text"/></p> <p>Last name of your second attorney <input style="width: 100%;" type="text"/></p> <p>Date of birth of your second attorney <input style="width: 100%;" type="text"/></p> <p>Address and postcode of your second attorney <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 50px;" type="text"/></p>
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**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*





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<b>2A About appointing a trust corporation as attorney or replacement attorney</b>	
<b>About the trust corporation you are appointing</b> <i>Please cross through this section if it does not apply.</i>	
• A trust corporation cannot be going through winding-up proceedings.	
Company name <input type="text"/>	Address <input type="text"/> <input type="text"/> <input type="text"/>
Are you appointing this trust corporation to act as an <input type="checkbox"/> attorney, or <input type="checkbox"/> replacement attorney?	Postcode <input type="text"/>
<b>3 About appointing replacements if an attorney can no longer act</b>	
 <b>If you are appointing a trust corporation as replacement attorney, cross through this section.</b> <i>Your trust corporation should then fill in continuation sheet C →</i>	
<b>Thinking about replacement attorneys</b>	
• Replacement attorneys will only act once your attorney can no longer act for you.	
• You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, bankrupt, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.	
• You do not have to appoint any replacements.	
• If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.	
<b>Your first or only replacement attorney</b> <i>Please cross through this section if it does not apply.</i>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/>	Date of birth of your first or only replacement <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY
First names of your first or only replacement <input type="text"/>	Address and postcode of your first or only replacement <input type="text"/> <input type="text"/> <input type="text"/>
Last name of your first or only replacement <input type="text"/>	Postcode <input type="text"/>
 <b>If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.</b>	<b>Other replacement attorneys you are appointing</b> Number of replacement attorneys named in continuation sheet A1 attached to this lasting power of attorney <input type="text"/> <i>Cross through this box if this does not apply</i>
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**4 How you want your attorneys to make decisions**

**Thinking about how you want your attorneys to make decisions**

**i** 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 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.
- **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.

**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 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.

---

**How you want your attorneys to make decisions**

**If you are appointing only one attorney and no replacement attorneys, now go to section 5 →**

Jointly	<input type="checkbox"/>	→ Go to section 5 and cross through the box below
Jointly and severally	<input type="checkbox"/>	→ Go to section 5 and cross through the box below
Jointly for some decisions, and jointly and severally for other decisions	<input type="checkbox"/>	

**Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally**

**If you need more space, use continuation sheet A2**






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<b>5 About restrictions and conditions</b>		
<p><b>Putting restrictions and conditions into words</b></p> <ul style="list-style-type: none"><li>• You should read the separate guidance for examples of conditions and restrictions that will not work in practice.</li><li>• Your attorneys <b>must</b> 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.</li><li>• <b>Either:</b> give any restrictions and conditions about property and financial affairs here</li><li>• <b>Or:</b> if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.</li></ul>	<p><b>Restrictions and conditions about property and financial affairs</b></p> <div data-bbox="722 483 1262 819" style="border: 1px solid black; height: 150px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p>	
<b>6 About guidance to your attorneys</b>		
<p><b>Putting guidance into words</b></p> <ul style="list-style-type: none"><li>• Any guidance you add may help your attorneys to identify your views. You do not have to add any.</li><li>• Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.</li><li>• <b>Either:</b> Give any guidance about property and financial affairs here</li><li>• <b>Or:</b> if you have no guidance to add, please cross through this box.</li></ul>	<p><b>Guidance to your attorneys about property and financial affairs</b></p> <div data-bbox="722 949 1262 1240" style="border: 1px solid black; height: 130px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p>	
<b>7 About paying your attorneys</b>		
<p><b>Professional charges</b></p> <ul style="list-style-type: none"><li>• Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You <b>should</b> discuss payment with your attorneys and record any agreement made here to avoid any confusion later.</li><li>• 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</li></ul>	<p><b>Charges for services</b></p> <div data-bbox="722 1352 1262 1644" style="border: 1px solid black; height: 130px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p> <p>→ For further information on paying attorneys, please see the separate guidance.</p>	
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**8 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

**i** You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

<p><b>The first or only person to be told</b> <i>Please cross through this section if it does not apply.</i></p> <p>Mr   Mrs   Ms   Miss   Other title  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input style="width: 100px;" type="text"/></p> <p>First names of first or only person to be told  <input style="width: 100%;" type="text"/></p> <p>Last name of first or only person to be told  <input style="width: 100%;" type="text"/></p> <p>Address and postcode of first or only person to be told  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <div style="display: flex; justify-content: space-between;"> <span>Postcode</span> <input style="width: 100px;" type="text"/> </div> </p>	<p><b>The second person to be told</b> <i>Please cross through this section if it does not apply.</i></p> <p>Mr   Mrs   Ms   Miss   Other title  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input style="width: 100px;" type="text"/></p> <p>First names of second person to be told  <input style="width: 100%;" type="text"/></p> <p>Last name of second person to be told  <input style="width: 100%;" type="text"/></p> <p>Address and postcode of second person to be told  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <div style="display: flex; justify-content: space-between;"> <span>Postcode</span> <input style="width: 100px;" type="text"/> </div> </p>
---	---

**Other people to be told**  
*Please cross through this section if it does not apply*

**Tell us about other people to be told on continuation sheet A1.**

Number of other people to be told named in continuation sheet A1 attached to this lasting power of attorney

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<b>9 Declaration by the person who is giving this lasting power of attorney</b>	
<p><b>Before signing please check that you have:</b></p> <ul style="list-style-type: none"> <li>• filled in every answer that applies to you</li> <li>• crossed through blank boxes that do not apply to you</li> <li>• filled in any continuation sheets</li> <li>• crossed through any mistakes you have made</li> <li>• initialled any changes you have made.</li> </ul> <p>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.</p> <p>By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:PFA, I confirm all of the following:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Statement of understanding</b></p> <p>I have read or had read to me:</p> <ul style="list-style-type: none"> <li>• the section called 'Information you must read' on page 2</li> <li>• all information contained in part A and any continuation sheets to part A of this lasting power of attorney.</li> </ul> <p>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.</p> </div>	<p><b>People to be told when the application to register this lasting power of attorney is made</b></p> <p>I have chosen the people to be told, and have chosen <b>one</b> person to sign the certificate of understanding at part B.</p> <p><b>OR</b></p> <p>I do not want anyone to be told, and have chosen <b>two</b> people to sign certificates of understanding at part B.</p> <p>If you cannot sign this lasting power of attorney you can make a mark instead.</p> <p> <b>If you cannot sign or make a mark use continuation sheet A3:PFA →</b></p> <p>Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed</p> <p>Sign with usual signature</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>Date signed or marked</p> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> </div> <p> <b>Sign (or mark) and date each continuation sheet 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.</b></p>
<p><b>The witness should be independent of you and:</b></p> <ul style="list-style-type: none"> <li>• Must be 18 or over.</li> <li>• <b>Cannot</b> 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.</li> <li>• Can be a certificate provider at part B.</li> <li>• Can be a person to be told when the application to register this lasting power of attorney is made.</li> <li>• Must initial any changes made in Part A.</li> </ul>	<p><b>Witnessed by</b></p> <p>Signature of witness</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>Full names of witness</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>Address and postcode of witness</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Postcode</span> <div style="border-bottom: 1px solid black; width: 80px;"></div> </div> </div>
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: flex; align-items: center; gap: 10px;"> <p><b>Helpline</b> <b>0300 456 0300</b> publicguardian.gov.uk</p> </div>	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <span>Valid only with Office of the Public Guardian stamp</span> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div>

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## Part B Declaration by your first or only certificate provider: certificate to confirm understanding

*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. 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 (section 8) 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 = **one** certificate provider fills in this part  
 If no = the **first** certificate provider fills in this part and the **second** certificate provider must fill in continuation sheet **B**

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 am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- 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
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney.

**How you formed your opinion**

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.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

**Statement of personal knowledge or relevant professional skills**

*Please cross through the box that does not apply.*

**EITHER**

I have known the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

**OR**

I have relevant **professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)

My profession and particular skills are:

Continues over →

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<b>Part B – Declaration by the person who is signing this certificate (continued)</b>																
<p><b>Things you certify</b></p> <p>I certify that, in my opinion, at the time of signing part A:</p> <ul style="list-style-type: none"><li>the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it</li><li>no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney</li><li>there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.</li></ul> <p><b>Your signature</b></p> <div style="border: 1px solid black; padding: 5px;"><p><b>!</b> Do not sign until part A of this lasting power of attorney has been filled in and signed.</p><p>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.</p></div> <p>Signature of certificate provider</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date signed</p> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<p><b>Name and address of the person who is signing this certificate</b></p> <p>Mr   Mrs   Ms   Miss   Other title</p> <table border="1" style="width: 100%;"><tr><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 40%;"></td></tr></table> <p>First names of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Last name of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address and postcode of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table border="1" style="width: 100%;"><tr><td style="width: 60%; text-align: right;">Postcode</td><td style="width: 40%;"></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Postcode	
D	D	M	M	Y	Y	Y	Y									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Postcode																
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## Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

**If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.**

**Statement by the attorney or replacement attorney who is signing this declaration**

- The attorney or replacement attorney must not be bankrupt.
- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

**By signing below, I confirm all of the following:**

**Understanding of role and responsibilities**

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 under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- I can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- I have a duty to keep accounts and financial records and produce them to the Office of the Public Guardian and/or to the Court of Protection on request.

**Further statement of replacement attorney**

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

**!** 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.

**Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)**

Full name of [attorney] or [replacement attorney]  
*delete as appropriate*

Date signed or marked

D
M
M
Y
Y
Y
Y

**The witness must be over 18 and can be:**

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Full name of witness

Address and postcode of witness

Postcode

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Lasting power of attorney

## A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

**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 person clear this lasting power of attorney could be rejected at registration

- Their title, full name, address (including postcode)
- Their date of birth

*For example:*

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

*or:*

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962

---

**About you**

Name of person who is giving this lasting power of attorney

Date signed or marked  

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

**Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney**

---

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

**And** number your continuation sheets consecutively.

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Lasting power of attorney

**A2** Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

**About the additional information**

**For each additional piece of information you are providing, state whether it relates to:**

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys

**About you**

Name of person who is giving this lasting power of attorney <input style="width: 90%;" type="text"/>  Date signed or marked <div style="border: 1px solid black; display: inline-block; padding: 2px;">                     D   M   M   Y   Y   Y                 </div>	<b>Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
--	--

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 <input style="width: 40px;" type="text"/>	Total number of continuation sheets <input style="width: 40px;" type="text"/>
---	---

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Lasting power of attorney for property and financial affairs

**A3:PFA** Continuation sheet A3 (property and financial affairs) – if you cannot sign or make 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 person 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
- 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.

**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**

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

**Witnessed by**

Signature of first witness

Date signed

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

Full names of first witness

Address and postcode of first witness

Postcode							
----------	--	--	--	--	--	--	--

**Also witnessed by**

Signature of second witness

Date signed

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

Full names of second witness

Address and postcode of second witness

Postcode							
----------	--	--	--	--	--	--	--

**About you**

Name of person who is giving this lasting power of attorney

Please **attach** to the **back** of your lasting power of attorney after this sheet has been signed and dated.  
**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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<b>B</b> Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding	
Your second certificate provider signs and dates this continuation sheet	
<b>Declaration by the person who is signing this certificate</b>	
<p>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.</p> <p>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?</p> <p>If yes = you only need <b>one</b> certificate provider so you do <b>not</b> need to fill in this continuation sheet</p> <p>If no = the <b>second</b> certificate provider must fill in this continuation sheet</p> <p>The <b>donor</b> is the person who is giving this lasting power of attorney.</p> <hr/> <p><b>By signing below, I confirm:</b></p> <p><b>My understanding of the role and responsibilities</b></p> <p>I have read part A of this lasting power of attorney, including any continuation sheets.</p> <p>I have read the section called '<b>Information you must read</b>' on page 2 of this lasting power of attorney.</p> <p>I understand my role and responsibilities as a certificate provider.</p> <p><b>Statement of acting independently</b></p> <p>I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.</p> <p>I am <b>not</b>:</p> <ul style="list-style-type: none"> <li>• an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor</li> <li>• a family member related to the donor or any of their attorneys or replacements</li> <li>• a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>• the owner, director, manager or employee of a care home that the donor lives in, or a member of their family</li> <li>• 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).</li> </ul>	<p><b>How you formed your opinion</b></p> <p>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.</p> <p><b>If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.</b></p> <p><b>Statement of personal knowledge or relevant professional skills</b></p> <p>Please cross through the box that does not apply.</p> <p><b>EITHER</b></p> <p>I have <b>known</b> the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>OR</b></p> <p>I have <b>relevant professional skills</b>. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)</p> <p>My profession and particular skills are:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number <input style="width: 40px;" type="text"/> Total number of continuation sheets <input style="width: 40px;" type="text"/>
Continues over →	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Helpline  <b>0300 456 0300</b>  <a href="http://publicguardian.gov.uk">publicguardian.gov.uk</a> </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             Valid only with Office of the Public Guardian stamp           </div>

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Page 2 of 2	Lasting power of attorney
<b>B</b> Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding	
Declaration by the person who is signing this certificate (continued)	
<b>Things you certify</b> I certify that, in my opinion, at the time of signing part A: <ul style="list-style-type: none"><li>the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it</li><li>no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney</li><li>there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.</li></ul>	<b>Name and address of the person who is signing this certificate</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/> First names of certificate provider <input type="text"/> Last name of certificate provider <input type="text"/> Address and postcode of certificate provider <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>Your signature</b> <b>!</b> 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 <input type="text"/>	
Date signed <input type="text"/>	
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 <input type="text"/> Total number of continuation sheets <input type="text"/>
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Lasting power of attorney for property and financial affairs

### C Continuation sheet C – appointing a trust corporation as attorney or replacement attorney

Use this continuation sheet if you are appointing a trust corporation as attorney or replacement attorney. A trust corporation cannot be going through winding-up proceedings.

Statement by the trust corporation acting as attorney or replacement attorney – person(s) signing on behalf 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

Or:

At least one authorised person has signed and dated in the right-hand column

**i** 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)

Full name of second person signing

Date signed

D D M M Y 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

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Page 1 of 12 – Keep all pages of this form together

For OPG office use only

LPA HW registered on

OPG reference number



## Lasting power of attorney for health and welfare

**About this lasting power of attorney**

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **health and personal 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.

If you also want someone to make decisions about your **property and financial affairs**, you will need a separate form (downloadable from our website or call 0300 456 0300).

**Who can fill it in?**

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](http://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 attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people 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 filling in their relevant part**.

**! This lasting power of attorney could be rejected at registration if it contains any errors.**

**Checklist**

See the information sheet for guidance on all the people involved

**Part A: about you, the attorneys you are appointing, and people to be told**

How many **attorneys** are you appointing? Write in words.

How many **replacement attorneys** are you appointing? Write in words or write 'None' if this does not apply.

How many **people to be told** are you choosing? Write in words from 'None' to 'five'. If 'None' you must have **two** certificate providers in part B.

**Part B: about your certificate providers**

How many **certificate providers do you have?** (Tick one box)

One    OR     Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this lasting power of attorney are:

(Write the number of each)

continuation sheet A1

continuation sheet A2

continuation sheet A3:HW 2 pages

continuation sheet B

Total number of continuation sheets

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Page 2 of 12 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 regard to the Code of Practice. They can get a copy from The Stationery Office at [tso.co.uk](http://tso.co.uk) or read it online at [publicguardian.gov.uk](http://publicguardian.gov.uk)

**Principles of the Act that your attorneys must follow**

- Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 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.
- Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 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](http://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:
- 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:
- 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](http://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](http://publicguardian.gov.uk)




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<b>Part A</b> Declaration by the person who is giving this lasting power of attorney	
Please write clearly using black or blue ink.	
<b>1 About the person who is giving this lasting power of attorney</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/>	Address and postcode
First names <input type="text"/>	<input type="text"/>
Last name <input type="text"/>	Postcode <input type="text"/>
Date of birth <input type="text"/>	Any other names you are known by in medical records or welfare records <input type="text"/>
<b>2 About the attorneys you are appointing</b>	
<b>Thinking about your attorneys</b>	
<ul style="list-style-type: none"><li>You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.</li><li>Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for health and welfare.</li></ul>	
<b>Your first or only attorney</b>	<b>Your second attorney</b>
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/>	Please cross through this section if it does not apply. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/>
First names of your first or only attorney <input type="text"/>	First names of your second attorney <input type="text"/>
Last name of your first or only attorney <input type="text"/>	Last name of your second attorney <input type="text"/>
Date of birth of your first or only attorney <input type="text"/>	Date of birth of your second attorney <input type="text"/>
Address and postcode of your first or only attorney <input type="text"/>	Address and postcode of your second attorney <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
 <b>If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.</b>	<b>Other attorneys you are appointing</b>
	Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney <input type="text"/>
	<small>Cross through this box if this does not apply</small>
 <b>Helpline</b> <b>0300 456 0300</b>  <a href="http://publicguardian.gov.uk">publicguardian.gov.uk</a>	Valid only with Office of the Public Guardian stamp

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**3 About appointing replacements if an attorney can no longer act**

**Thinking about replacement attorneys**

- Replacement attorneys will only act once your attorney can no longer act for you.
- You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.
- You do not have to appoint any replacements.
- If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.

---

**Your first or only replacement attorney** *Please cross 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 replacement

Last name of your first or only replacement

Postcode

---

 **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*

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**4 How you want your attorneys to make decisions**

**Thinking about how you want your attorneys to make decisions**

**i** 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 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.
- **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.

**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.
- 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.

---

**How you want your attorneys to make decisions**

*If you are appointing only one attorney and no replacement attorneys, now go to section 5 →*

Jointly	<input type="checkbox"/>	→ Go to section 5 and cross through the box below
Jointly and severally	<input type="checkbox"/>	→ Go to section 5 and cross through the box below
Jointly for some decisions, and jointly and severally for other decisions	<input type="checkbox"/>	

---

**Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally**

**If you need more space, use continuation sheet A2**

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**5 About life-sustaining treatment**

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others.

The decisions you authorise your attorneys to make for you in this lasting power of attorney take the place of any advance decision you have already made on the same subject.

You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

**You must choose Option A OR Option B.**

Your attorneys can **only** make decisions about life-sustaining treatment if you choose Option A. If you choose Option B, your doctors will take into account where it is practicable and appropriate the views of your attorneys and people who are interested in your welfare as well as any written statement you may have made.

When you make your choice and sign this section you **must** have a witness. If you cannot sign you can make a mark instead.

**If you cannot sign or make a mark use continuation sheet A3:HW →**

- someone else **must** sign for you at your direction.
- they must sign in your presence **and** in the presence of two witnesses.

**Option A**

**!** Do not sign both boxes

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

**!** The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

**Who can be a witness**

- You must be 18 or over.
- 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 this lasting power of attorney is made can be a witness.

**Option B**

**!** Do not sign both boxes

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

**!** The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

**Witnessed by**

Signature of witness

Full names of witness

Address and postcode of witness






Postcode

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<b>6 About restrictions and conditions</b>	
<p><b>Putting restrictions and conditions into words</b></p> <ul style="list-style-type: none"><li>• You should read the separate guidance for examples of conditions and restrictions that will not work in practice.</li><li>• Your attorneys <b>must</b> 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.</li><li>• <b>Either:</b> give any restrictions and conditions about health and welfare here</li><li>• <b>Or:</b> if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.</li></ul>	<p><b>Restrictions and conditions about health and welfare</b></p> <div data-bbox="726 481 1260 817" style="border: 1px solid black; height: 150px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p>
<b>7 About guidance to your attorneys</b>	
<p><b>Putting guidance into words</b></p> <ul style="list-style-type: none"><li>• Any guidance you add may help your attorneys to identify your views. You do not have to add any.</li><li>• Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.</li><li>• <b>Either:</b> Give any guidance about health and welfare here</li><li>• <b>Or:</b> if you have no guidance to add, please cross through this box.</li></ul>	<p><b>Guidance to your attorneys about health and welfare</b></p> <div data-bbox="726 952 1260 1243" style="border: 1px solid black; height: 130px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p>
<b>8 About paying your attorneys</b>	
<p><b>Professional charges</b></p> <ul style="list-style-type: none"><li>• Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You <b>should</b> discuss payment with your attorneys and record any agreement made here to avoid any confusion later.</li><li>• 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</li></ul>	<p><b>Charges for services</b></p> <div data-bbox="726 1355 1260 1624" style="border: 1px solid black; height: 120px;"></div> <p> <b>If you need more space, use continuation sheet A2</b></p> <p>→ For further information on paying attorneys, please see the separate guidance.</p>
<p><b>Helpline</b>  <b>0300 456 0300</b>  <a href="http://publicguardian.gov.uk">publicguardian.gov.uk</a></p>	<p>Valid only with Office of the Public Guardian stamp</p>

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**9 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

**i** You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

<p><b>The first or only person to be told</b> <i>Please cross through this section if it does not apply.</i></p> <p>Mr   Mrs   Ms   Miss   Other title  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input style="width: 100px;" type="text"/></p> <p>First names of first or only person to be told  <input style="width: 100%;" type="text"/></p> <p>Last name of first or only person to be told  <input style="width: 100%;" type="text"/></p> <p>Address and postcode of first or only person to be told  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: right;">Postcode   <input style="width: 50px;" type="text"/></p>	<p><b>The second person to be told</b> <i>Please cross through this section if it does not apply.</i></p> <p>Mr   Mrs   Ms   Miss   Other title  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input style="width: 100px;" type="text"/></p> <p>First names of second person to be told  <input style="width: 100%;" type="text"/></p> <p>Last name of second person to be told  <input style="width: 100%;" type="text"/></p> <p>Address and postcode of second person to be told  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: right;">Postcode   <input style="width: 50px;" type="text"/></p>
---	---

**Other people to be told**  
*Please cross through this section if it does not apply*

**Tell us about other people to be told on continuation sheet A1.**

Number of other people to be told named in continuation sheet **A1** attached to this lasting power of attorney

---

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<p>Page 9 of 12</p>	<p>Lasting power of attorney for health and welfare</p>										
<p><b>10 Declaration by the person who is giving this lasting power of attorney</b></p>											
<p><b>Before signing please check that you have:</b></p> <ul style="list-style-type: none"> <li>filled in every answer that applies to you</li> <li>crossed through blank boxes that do not apply to you</li> <li>filled in any continuation sheets</li> <li>crossed through any mistakes you have made</li> <li>initialled any changes you have made.</li> </ul> <p><b>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.</b></p> <p><b>By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Statement of understanding</b></p> <p>I have read or had read to me:</p> <ul style="list-style-type: none"> <li>the section called 'Information you must read' on page 2</li> <li>all information contained in part A and any continuation sheets to part A of this lasting power of attorney.</li> </ul> <p>I 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.</p> <p><b>Statement about life-sustaining treatment</b></p> <p>I have chosen option A or option B about life-sustaining treatment in section 5 of this lasting power of attorney.</p> </div>	<p><b>People to be told when the application to register this lasting power of attorney is made</b></p> <p>I have chosen the people to be told, and have chosen <b>one</b> person to sign the certificate of understanding at part B.</p> <p><b>OR</b></p> <p>I do not want anyone to be told, and have chosen <b>two</b> people to sign certificates of understanding at part B.</p> <p><b>If you cannot sign this lasting power of attorney you can make a mark instead.</b></p> <p> <b>If you cannot sign or make a mark use continuation sheet A3:HW →</b></p> <p>Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>Date signed or marked</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>!</b> Sign (or mark) and date</p> <ul style="list-style-type: none"> <li>section 5 (Option A or Option B), and</li> <li>each continuation sheet</li> </ul> <p>at the same time as you sign (or mark) part A here.</p> <p><b>You must sign (or mark) and date part A here before parts B and C are signed and dated.</b></p> </div>	D	M	M	Y	Y	Y	Y			
D	M	M	Y	Y	Y	Y					
<p><b>The witness should be independent of you and:</b></p> <ul style="list-style-type: none"> <li>Must be 18 or over.</li> <li><b>Cannot</b> be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney.</li> <li>Can be a certificate provider at part B.</li> <li>Can be a person to be told when the application to register this lasting power of attorney is made.</li> <li>Must initial any changes made in Part A.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>!</b> Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.</p> </div>	<p><b>Witnessed by</b></p> <p>Signature of witness</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>Full names of witness</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>Address and postcode of witness</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Postcode</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> </div> </div>										
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## Part B Declaration by your first or only certificate provider: certificate to confirm understanding

*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. 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 (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 = **one** certificate provider fills in this part  
 If no = the **first** certificate provider fills in this part and the **second** certificate provider must fill in continuation sheet **B**

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 am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- 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.

**How you formed your opinion**

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.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

**Statement of personal knowledge or relevant professional skills**

Please cross through the box that does not apply.

**EITHER**

I have known the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

**OR**

I have relevant **professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)

My profession and particular skills are:

Continues over →

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<b>Part B – Declaration by the person who is signing this certificate (continued)</b>																										
<p><b>Things you certify</b></p> <p>I certify that, in my opinion, at the time of signing part A:</p> <ul style="list-style-type: none"><li>• the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it</li><li>• no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney</li><li>• there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.</li></ul> <p><b>Your signature</b></p> <div style="border: 1px solid black; padding: 5px;"><p><b>!</b> Do not sign until part A of this lasting power of attorney has been filled in and signed.</p><p>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.</p></div> <p>Signature of certificate provider</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date signed</p> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<p><b>Name and address of the person who is signing this certificate</b></p> <p>Mr   Mrs   Ms   Miss   Other title</p> <table border="1" style="width: 100%;"><tr><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 40px;"><input type="text"/></td></tr></table> <p>First names of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Last name of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address and postcode of certificate provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table border="1" style="width: 100%;"><tr><td style="width: 40%; text-align: right;">Postcode</td><td style="width: 60%;"><table border="1" style="width: 100%;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Postcode	<table border="1" style="width: 100%;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>										
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## Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

 **If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.**

---

**Statement by the attorney or replacement attorney who is signing this declaration**

- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

---

**By signing below, I confirm all of the following:**


**Understanding of role and responsibilities**

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 under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered and when the person who is giving this lasting power of attorney lacks mental capacity
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney

**Further statement of replacement attorney**

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

 **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.**

**Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)**

Full name of [attorney] or [replacement attorney] (delete as appropriate)

Date signed or marked

/  M M Y Y Y Y

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**The witness must be over 18 and can be:**

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.  
The witness must see the attorney or replacement attorney sign or make a mark.

**Signature of witness**

Full name of witness

Address and postcode of witness to the attorney's or replacement attorney's signature

Postcode	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
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## A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

### 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 person clear this lasting power of attorney could be rejected at registration

- Their title, full name, address (including postcode)
- Their date of birth

For example:

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962


### About you

Name of person who is giving this lasting power of attorney

Date signed or marked

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

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

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


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Lasting power of attorney									
<h2 style="margin: 0;">A2</h2> Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment									
<p>Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.</p>									
About the additional information									
<p><b>For each additional piece of information you are providing, state whether it relates to:</b></p> <ul style="list-style-type: none"> <li>• Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)</li> <li>• Restrictions and conditions</li> <li>• Guidance to your attorneys</li> <li>• Paying your attorneys</li> </ul>									
About you									
Name of person who is giving this lasting power of attorney <input style="width: 95%; height: 20px;" type="text"/>	<b>Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney</b> <input style="width: 95%; height: 40px;" type="text"/>								
Date signed or marked <table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y		
Please <b>attach</b> this sheet to the <b>back</b> of your lasting power of attorney <b>before</b> you sign and date the declaration in part A. <b>And</b> number your continuation sheets consecutively.	This is continuation sheet number <input style="width: 30px;" type="text"/> Total number of continuation sheets <input style="width: 30px;" type="text"/>								
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="padding: 5px;">                     Helpline  <b>0300 456 0300</b>   publicguardian.gov.uk                 </td> <td style="padding: 5px; text-align: center;">                     Valid only with Office of the Public Guardian stamp                 </td> </tr> </table>	Helpline <b>0300 456 0300</b> publicguardian.gov.uk	Valid only with Office of the Public Guardian stamp							
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A3:HW
Continuation sheet A3 (health and welfare) –  
if you cannot sign or make a mark

Use this continuation sheet if you cannot sign or make a mark at part A of your 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
- not also be a witness.

Full name of the person signing

Option A

Do not sign both boxes

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

D
D
M
M
Y
Y
Y
Y

The date you sign here must be the same as the date you sign below.

Option B

Do not sign both boxes

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

D
D
M
M
Y
Y
Y
Y

The date you sign here must be the same as the date you sign below.

Signature of someone signing on behalf of the person giving this lasting power of attorney

I confirm that I have signed at Option A or Option B in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

Date signed

D
D
M
M
Y
Y
Y
Y

Sign and date Option A or Option B above, and 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.

Signed as a deed and delivered in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

**This continuation sheet has two pages.**  
Two witnesses must sign on the next page →

Number each page individually and attach both pages of continuation sheet A3:HW to the **back** of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

Continues over →

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# A3:HW

Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark (continued)

### 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.
- 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 first witness

Date signed

Full names of first witness

Address and postcode of first witness


Postcode

### Also witnessed by

Signature of second witness

Date signed

Full names of second witness

Address and postcode of second witness


Postcode

### About you

Name of person who is giving this lasting power of attorney

This continuation sheet has two pages.

Number each page individually and attach both pages of continuation sheet A3:HW to the back of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

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<b>B</b> Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding	
Your second certificate provider signs and dates this continuation sheet	
<b>Declaration by the person who is signing this certificate</b>	
<p>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.</p> <p>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?</p> <p>If yes = you only need <b>one</b> certificate provider so you do <b>not</b> need to fill in this continuation sheet</p> <p>If no = the <b>second</b> certificate provider must fill in this continuation sheet</p> <p>The <b>donor</b> is the person who is giving this lasting power of attorney.</p> <hr/> <p><b>By signing below, I confirm:</b></p> <p><b>My understanding of the role and responsibilities</b></p> <p>I have read part A of this lasting power of attorney, including any continuation sheets.</p> <p>I have read the section called '<b>Information you must read</b>' on page 2 of this lasting power of attorney.</p> <p>I understand my role and responsibilities as a certificate provider.</p> <p><b>Statement of acting independently</b></p> <p>I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.</p> <p>I am <b>not</b>:</p> <ul style="list-style-type: none"> <li>• an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor</li> <li>• a family member related to the donor or any of their attorneys or replacements</li> <li>• a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>• the owner, director, manager or employee of a care home that the donor lives in, or a member of their family</li> <li>• 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).</li> </ul>	<p><b>How you formed your opinion</b></p> <p>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.</p> <p><b>If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.</b></p> <p><b>Statement of personal knowledge or relevant professional skills</b></p> <p>Please cross through the box that does not apply.</p> <p><b>EITHER</b></p> <p>I have <b>known</b> the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>OR</b></p> <p>I have <b>relevant professional skills</b>. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)</p> <p>My profession and particular skills are:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number <input style="width: 40px;" type="text"/> Total number of continuation sheets <input style="width: 40px;" type="text"/>
Continues over →	
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> <p>Helpline  <b>0300 456 0300</b>  <a href="http://publicguardian.gov.uk">publicguardian.gov.uk</a></p> </div>	Valid only with Office of the Public Guardian stamp

Status: Point in time view as at 01/10/2009.

Changes to legislation: There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Page 2 of 2 Lasting power of attorney

**B** Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding

Declaration by the person who is signing this certificate (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**

**i** 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

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

**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	<input style="width: 100%;" type="text"/>

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  
**0300 456 0300**  
publicguardian.gov.uk

Valid only with Office of the Public Guardian stamp



**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the *The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007*. (See end of Document for details)

SCHEDULE 2

Regulation 10

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

**LPA 001** 10.07

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

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

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

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

**Details of the named person** \_\_\_\_\_

<p>Name</p> <input style="width: 100%; height: 30px;" type="text"/> <p>Telephone no.</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Address</p> <input style="width: 100%; height: 50px;" type="text"/> <p>Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

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

**Details of the Lasting Power of Attorney (LPA)** \_\_\_\_\_

Who is applying to register the LPA?       the donor                       the attorney(s)

Which type of LPA is being registered?       Property and Affairs               Personal Welfare

(You must complete separate applications for each LPA you wish to register.)

On what date did the donor sign the LPA?      

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

**Details of the donor** \_\_\_\_\_

<p>Full name</p> <input style="width: 100%; height: 30px;" type="text"/> <p>Telephone no.</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Address</p> <input style="width: 100%; height: 50px;" type="text"/> <p>Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Details of the attorney(s)**

---

Name of 1<sup>st</sup> attorney

Telephone no.

Address

Postcode

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

Name of 2<sup>nd</sup> attorney

Telephone no.

Address

Postcode

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

Name of 3<sup>rd</sup> attorney

Telephone no.

Address

Postcode

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

Name of 4<sup>th</sup> attorney

Telephone no.

Address

Postcode

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Signature and date** \_\_\_\_\_

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

Signed


Print name


Dated

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

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

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

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

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

Form LPA7 is available from the OPG on 0845 330 2900 or [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

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

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

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

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

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

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the *The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007*. (See end of Document for details)

SCHEDULE 3

Regulation 11

Application to Register a Lasting Power of Attorney: LPA 002

**LPA002** 10.07 Office of the Public Guardian  
**Application to register a  
 Lasting Power of Attorney**

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

**Part 1 - The donor**

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

Last name

First name

Middle name

Address 1

Address 2

Address 3

Town/City

County

Postcode  Daytime Tel. no.

Date of birth  If the exact date is unknown please state the year of birth  
D D M M Y Y Y Y

e-mail address

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 2 - The persons making the application**

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

Place a cross (x) against one option

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

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

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

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

Place a cross (x) against one option

There is only one attorney appointed

There are attorneys appointed together and independently

There are attorneys appointed together

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

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

2

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 4 - Attorney one**

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

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode  DX number

Date of birth  DX Exchange   
D D M M Y Y Y Y

Daytime Tel. no.

Occupation

e-mail address

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

Civil partner / Spouse  Child  Solicitor  Other  Other professional

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

Status: Point in time view as at 01/10/2009.

Changes to legislation: There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part 4 - Attorney two

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

Place a cross (x) against one option

Mr. Mrs. Ms. Miss Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

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

Civil partner / Spouse Child Solicitor Other Other professional

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



**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 4 - Attorney three**

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

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode  DX number

Date of birth  DX Exchange   
D D M M Y Y Y Y

Daytime Tel. no.

Occupation

e-mail address

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

Civil partner / Spouse  Child  Solicitor  Other  Other professional

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

Status: Point in time view as at 01/10/2009.

Changes to legislation: There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part 4 - Attorney four

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

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

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

Last name

First name

Middle name

Company name (if relevant)

Address 1

Address 2

Address 3

Town/City

County

Postcode

DX number

Date of birth   
D D M M Y Y Y Y

DX Exchange

Daytime Tel. no.

Occupation

e-mail address

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

Civil partner / Spouse  Child  Solicitor  Other  Other professional

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



**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part 5 - continued

Date notice given   
D D M M Y Y Y Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

Date notice given   
D D M M Y Y Y Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

**Part 5 - continued**

Date notice given   
D D M M Y Y Y Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

Date notice given   
D D M M Y Y Y Y

Last name

First name

Address 1

Address 2

Address 3

Town/City

County

Postcode

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 6 - Fees**

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

- Have you enclosed a cheque for the registration fee for this application?  Yes  No
- Do you wish to apply for remission of the fee?  Yes  No
- Do you wish to apply for exemption of the fee?  Yes  No
- Do you wish to apply for postponement of the fee?  Yes  No

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

**Part 7 - Type of power**

- I
- We

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

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

- Property and affairs
- OR**
- Personal welfare

Date that the donor signed the Lasting Power of Attorney 

D	D	M	M	Y	Y	Y	Y

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

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the *The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007*. (See end of Document for details)

### Part 8 - Donor declaration

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

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

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

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

### Part 9 - Attorney(s) declaration

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

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

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

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

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 9 - continued**

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

Signed  Date 

D	D	M	M	Y	Y	Y	Y

Last name

First name

**Part 10 - Declaration by a trust corporation**

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

I  We

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

Company name

Signature of authorised person(s)   
 Company seal (If applicable)

Last name

First name



**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part 11 - Correspondence address**

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

Last name

First name

Middle name

Company name

Company reference

Address 1

Address 2

Address 3

Town/City

County

Postcode  DX number

DX Exchange

Daytime Tel. no.

e-mail address

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the *The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007*. (See end of Document for details)

## Part 12 - Additional information

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

## SCHEDULE 4

Regulation 13

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

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**LPA 003A 00.07**

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

Name of attorney

### Take notice

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

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

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

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

Donor's full name

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

Attorney's full name

Attorney's full name

Attorney's full name

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

**Dated**

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

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

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

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

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

Form LPA7 is available from the OPG on 0845 330 2900 or [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

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

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

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

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

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

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

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**LPA 003B 10.07**

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

Name of donor

### Take notice

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

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

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

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

Attorney's full name

Attorney's full name

Attorney's full name

Attorney's full name

Dated

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

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**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## SCHEDULE 5

Regulation 17

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

**LPA 004** 04-07

### Notice of registration of a Lasting Power of Attorney

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

Case no.

The donor

The attorney(s)

**The Lasting Power of Attorney was entered into the register on**

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

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SCHEDULE 6

Regulation 20

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

**LPA 005** 10.07

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

Take notice that

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

has disclaimed appointment.

**Details of attorney disclaiming appointment** \_\_\_\_\_

Name

Address

Telephone no.

Postcode

**Date of the Lasting Power of Attorney** \_\_\_\_\_

On what date was the Lasting Power of Attorney made?

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

**Signature and date** \_\_\_\_\_

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

Signed

Dated

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

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

Call OPG on 0845 330 2900 with any questions.



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**Details of the donor** \_\_\_\_\_

Name

Address

Telephone no.

Postcode

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

**Details of the other attorney(s)** \_\_\_\_\_

Name

Address

Telephone no.

Postcode

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

Name

Address

Telephone no.

Postcode

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

Name

Address

Telephone no.

Postcode

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

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SCHEDULE 7

Regulation 23

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

Form EP1PG

**Mental Capacity Act 2005  
Enduring Power of Attorney**

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

To.....

Of.....

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

Give the name and address of the donor

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

**TAKE NOTICE THAT**

I .....

of .....

and I .....

of .....

The attorney(s) of .....

.....

of .....

.....

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

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

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

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

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

Note: Part 4 is addressed only to the donor

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

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

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

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

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

- Writing to us at the address on the foot of this form
- Calling us on 0845 330 2900
- Downloading the forms from our website at [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

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

Signed: ..... Dated: .....

Signed: ..... Dated: .....

**Please write to:**  
**Customer Services**  
**Archway Tower**  
**2 Junction Road**  
**London**  
**N19 5SZ**  
**[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)**

Status: Point in time view as at 01/10/2009.

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SCHEDULE 8

Regulation 24

Application to Register an Enduring Power of Attorney

Office of the Public Guardian  
Mental Capacity Act 2005



Form EP2PG

EP2V1APGO

Application for Registration of an Enduring  
Power of Attorney

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

**Part One - The Donor**

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

Mr Mrs Ms Miss Other

If Other, please specify here:

Place a cross against one option

Last Name:

Forename 1:

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Donor Date of Birth:

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

D D M M Y Y Y Y

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

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Part Two - Attorney One	
<b>Please state the full name and present address of the attorney. Professionals e.g, Solicitors or Accountants, should complete the Company Name field.</b>	
Mr   Mrs   Ms   Miss   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If Other, please specify here: <input style="width: 150px;" type="text"/>
<i>Place a cross against one option</i> <input checked="" type="checkbox"/>	
Last Name:	<input style="width: 100%;" type="text"/>
Forename 1:	<input style="width: 100%;" type="text"/>
Other Forenames:	<input style="width: 100%;" type="text"/>
Company Name:	<input style="width: 100%;" type="text"/>
Address 1:	<input style="width: 100%;" type="text"/>
Address 2:	<input style="width: 100%;" type="text"/>
Address 3:	<input style="width: 100%;" type="text"/>
Town/City:	<input style="width: 100%;" type="text"/>
County:	<input style="width: 100%;" type="text"/>
Postcode:	<input style="width: 100%;" type="text"/>
DX Exchange (solicitors only):	DX No. (solicitors only): <input style="width: 100%;" type="text"/>
Attorney Date of Birth:	Daytime Tel No.: <input style="width: 100%;" type="text"/>
D   D   M   M   Y   Y   Y   Y	(STD Code):
Email Address:	<input style="width: 100%;" type="text"/>
Occupation:	<input style="width: 100%;" type="text"/>
<b>Relationship to donor:</b>	
Civil Partner / Spouse   Child   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="checkbox"/>	<input style="width: 150px;" type="text"/>
<i>Place a cross against one option</i> <input checked="" type="checkbox"/>	
<b>Part B of the Enduring Power of Attorney states whether the attorney is to act jointly, jointly and severally, or alone.</b>	
Appointment ( <i>Place a cross against one option</i> <input checked="" type="checkbox"/> ):	Jointly <input type="checkbox"/>
	Jointly and Severally <input type="checkbox"/>
	Alone <input type="checkbox"/>

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<b>Part Three - Attorney Two</b>	
<b>Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field.</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Place a cross against one option ☒	If Other, please specify here: <input style="width: 150px;" type="text"/>
Last Name:	<input style="width: 100%;" type="text"/>
Forename 1:	<input style="width: 100%;" type="text"/>
Other Forenames:	<input style="width: 100%;" type="text"/>
Company Name:	<input style="width: 100%;" type="text"/>
Address 1:	<input style="width: 100%;" type="text"/>
Address 2:	<input style="width: 100%;" type="text"/>
Address 3:	<input style="width: 100%;" type="text"/>
Town/City:	<input style="width: 100%;" type="text"/>
County:	<input style="width: 100%;" type="text"/>
Postcode:	DX No. (solicitors only): <input style="width: 100px;" type="text"/>
DX Exchange (solicitors only):	<input style="width: 100%;" type="text"/>
Attorney Date of Birth: <input style="width: 100px;" type="text"/>	Daytime Tel No.: <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> (STD Code):
Email Address:	<input style="width: 100%;" type="text"/>
Occupation:	<input style="width: 100%;" type="text"/>
<b>Relationship to donor:</b>	
Civil Partner / Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/> Place a cross against one option ☒	If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 150px;" type="text"/>
<b>Part Four - Attorney Three</b>	
<b>Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field.</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Place a cross against one option ☒	If Other, please specify here: <input style="width: 150px;" type="text"/>
Last Name:	<input style="width: 100%;" type="text"/>
Forename 1:	<input style="width: 100%;" type="text"/>

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

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<b>Part Six - Notice of Application to Donor</b>	
<p><b>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.</b></p>	
<p><b>I (We) have given notice of the application to register in the prescribed form (EP1PG) to the donor personally,</b> on this date: <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/>                      D D M M Y Y Y Y</p>	
<p>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:</p>	
Full Name:	
Address 1:	
Address 2:	
Address 3:	
Town/City:	
County:	Postcode:
<b>Part Seven - Notice of Application to Relatives</b>	
<p><b>Please complete details of all relatives entitled to notice.</b></p>	
<p>Please place a cross in the box <input checked="" type="checkbox"/> if no relatives are entitled to notice: <input type="checkbox"/></p>	
<p><b>I (We) have given notice to register in the prescribed form (EP1PG) to the following relatives of the donor:</b></p>	
Full Name:	
Address:	
Date notice given:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Relationship to Donor:	
Full Name:	
Address:	
Date notice given:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Relationship to Donor:	
Full Name:	
Address:	
Date notice given:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Relationship to Donor:	
Full Name:	
Address:	
Date notice given:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Relationship to Donor:	
Full Name:	
Address:	
Date notice given:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Relationship to Donor:	
<p><b>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).</b></p>	



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Part Eight - Notice of Application to Co-Attorney(s)	
<b>Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).</b>	
Are all the attorneys applying to register? Yes <input type="checkbox"/> No <input type="checkbox"/> Place a cross against one option <input checked="" type="checkbox"/>	
<b>If no, I (We) have given notice to my (our) co-attorney(s) as follows:</b>	
Full Name: <input type="text"/>	Relationship to Donor: <input type="text"/>
Address: <input type="text"/> <input type="text"/> <input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Full Name: <input type="text"/>	Relationship to Donor: <input type="text"/>
Address: <input type="text"/> <input type="text"/> <input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Part Nine - Fees	
<b>Guidelines on remission and postponement of fees can be obtained from the Office of the Public Guardian.</b>	
Have you enclosed a cheque for the registration fee for this application? Yes <input type="checkbox"/> No <input type="checkbox"/> Place a cross against one option <input checked="" type="checkbox"/>	
Do you wish to apply for postponement, exemption or remission of the fee? Yes <input type="checkbox"/> No <input type="checkbox"/> Place a cross against one option <input checked="" type="checkbox"/>	
If yes, please complete the application for exemption or remission form.	
Part Ten - Declaration	
<b>Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.</b>	
<b>I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Mental Capacity Act 2005.</b>	
Signed: <input type="text"/>	Dated: <input type="text"/> D D M M Y Y Y Y
Signed: <input type="text"/>	Dated: <input type="text"/> D D M M Y Y Y Y
Signed: <input type="text"/>	Dated: <input type="text"/> D D M M Y Y Y Y

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Part Eleven - Correspondence Address	
<b>Solicitors please note:</b> The address to which the correspondence should be sent <b>MUST</b> be entered here if this is different to the address of Attorney One. State the full name and present address. Insert the name of the Solicitor's Firm in the Company Name field, if appropriate, and the correspondence reference in the Company Reference field.	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	If Other, please specify here: <input type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
Last Name:	<input type="text"/>
Forename 1:	<input type="text"/>
Other Forenames:	<input type="text"/>
Company Name:	<input type="text"/>
Company Reference:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town/City:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
DX No. (solicitors only):	<input type="text"/>
DX Exchange (solicitors only):	<input type="text"/>
Daytime Tel No.:	<input type="text"/>
(STD Code):	<input type="text"/>
Email Address:	<input type="text"/>
Part Twelve - Additional Information	
<b>Please write down any additional information to support this application in the space below. If necessary attach additional paper to the end of this form.</b>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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## EXPLANATORY NOTE

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

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

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

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

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

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

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

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

There are also provisions relating to the registers which the Public Guardian is required to maintain under the Act (regulations 30 to 32); relating to the giving of any security and the replacement, maintenance, enforcement or discharge of a security which has been endorsed (regulations 33 to 37); relating to the information that a deputy appointed by the Court of Protection must give to the Public Guardian (regulations 38 to 41); and relating to the review of a decision made by the Public Guardian in relation to a deputy (regulation 42). Regulations 44, 46

**Status:** Point in time view as at 01/10/2009.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

and 47 make provision in connection with a number of other areas where the Public Guardian has functions, including the requirements to be met when visits on any person are carried out by, or at the direction of, the Public Guardian (regulation 48).

**Status:**

Point in time view as at 01/10/2009.

**Changes to legislation:**

There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007.