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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

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|-------------------------------|---------|-------------------------|
| <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;

“<sup>F1</sup>person to notify”, in relation to an instrument made with a view to creating a lasting power of attorney, means a person who<sup>F2</sup>, under Schedule 1, paragraph 2(1)(c)(i) of the Act,] 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 [<sup>F3</sup>“Section 8 – Your legal rights and responsibilities”].

#### Textual Amendments

- F1** Words in reg. 2(1) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **4(a)(i)**
- F2** Words in reg. 2(1) inserted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **4(a)(ii)**
- F3** Words in reg. 2(1) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **4(b)**

#### 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 [<sup>F4</sup>people to notify]**

6. The maximum number of [<sup>F5</sup>people to notify] that the donor of a lasting power of attorney may specify in the instrument intended to create the power is 5.

**Textual Amendments**

- F4 Words in reg. 6 heading substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 5
- F5 Words in reg. 6 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 5

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

<sup>F6</sup>7. ....

**Textual Amendments**

- F6 Reg. 7 omitted (1.7.2015) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 6

#### **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;

*Status: Point in time view as at 01/07/2015.*

*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)*

- (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);
  - (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) [<sup>F7</sup>the Health and Care Professions Council;]
  - (b) the Care Council for Wales;
  - (c) the Scottish Social Services Council; or
  - (d) the Northern Ireland Social Care Council.

#### Textual Amendments

**F7** Words in reg. 8(4) substituted (1.8.2012) by [The Health and Social Care Act 2012 \(Consequential Provision—Social Workers\) Order 2012 \(S.I. 2012/1479\)](#), art. 1(2), **Sch. para. 81**

#### 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 [F8Sections 1 to 7] of the instrument that apply to him (or direct another person to do so); and

[F9(b) subject to paragraph (7), in the presence of a witness—

(i) sign Section 9 of the instrument if the instrument is intended to create a lasting power of attorney for property and financial affairs (Form LP1F); or

(ii) sign Sections 5 and 9 of the instrument if the instrument is intended to create a lasting power of attorney for health and welfare (Form LP1H);]

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

(a) the person giving an LPA certificate, F10 ...

F11(b) .....

must complete the LPA certificate at [F12Section 10] 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 [F13Section 11] of the instrument that apply to him (or direct another person to do so); and

(b) subject to paragraph (7), must sign [F13Section 11] 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.

*Status: Point in time view as at 01/07/2015.*

*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)*

#### Textual Amendments

- F8** Words in reg. 9(3)(a) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(a)**
- F9** Reg. 9(3)(b) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(b)**
- F10** Word in reg. 9(4)(a) omitted (1.7.2015) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(c)**
- F11** Reg. 9(4)(b) omitted (1.7.2015) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(d)**
- F12** Words in reg. 9(4) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(e)**
- F13** Words in reg. 9(6) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **7(f)**

### *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 [<sup>F14</sup>(Form LPA3)] 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.

#### Textual Amendments

- F14** Words in reg. 10 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **8**

#### **Application for registration**

[<sup>F15</sup>**11.**—(1) An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney that is in Form LP1F or LP1H must be made by completion of Sections 12 and 13, the relevant parts of Section 14 and Section 15 of that Form.

(2) An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney that is in a pre-July 2015 form must be made by using Form LP2 set out in Schedule 3 to these Regulations.

(3) An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney where the application is a repeat application (“a reduced fee repeat application”) may only be made if—

- (a) the initial application for the registration of a lasting power of attorney is made on or after 1st October 2011;
- (b) the initial application was returned to the applicant as invalid;
- (c) the reduced fee repeat application is submitted for registration within three months of the date on which the initial application was returned to the applicant as invalid; and
- (d) the reduced fee for such applications applies.

(4) Where the initial application for the registration of the lasting power of attorney was made in accordance with paragraph (1) using Form LP1F or LP1H, a reduced fee repeat application must

also be made by the completion of Form LP1F or LP1H as appropriate, including completion of the repeat application option in Section 14 of that Form.

(5) Where the initial application for the registration of the lasting power of attorney was made in accordance with paragraph (2) using a pre-July 2015 form, a reduced fee repeat application must be made by the completion of Form LP1F or LP1H as appropriate, including completion of the repeat application option in Section 14 of that Form.

(6) 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 the Public Guardian to do so.

(7) In this regulation—

- (a) “pre-July 2015 form” means a valid instrument intended to create a lasting power of attorney that is not in Form LP1F or LP1H but that complies with these Regulations as they were in force immediately before 1st July 2015; and
- (b) “certified copy” means a photographic or other facsimile copy which is certified as an accurate copy by—
  - (i) the donor; or
  - (ii) a solicitor or notary.]

#### **Textual Amendments**

**F15** Reg. 11 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **9**

#### **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 [<sup>F16</sup>4 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
- (b) if notices were given on more than one date, the latest of those dates.

#### **Textual Amendments**

**F16** Words in reg. 12 substituted (1.4.2013) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2013 \(S.I. 2013/506\)](#), regs. 1, **3**

#### **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—

*Status: Point in time view as at 01/07/2015.*

*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)*

- (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>F17</sup>to be given by the donee of the power or a [<sup>F18</sup>person to notify]]**

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>F19</sup>by the donee of the power or a [<sup>F20</sup>person to notify]].

- (2) Where [<sup>F21</sup>the donee of the power or a [<sup>F20</sup>person to notify]]—
- (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 [<sup>F22</sup>3 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>F23</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

- F17** 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)**
- F18** Words in reg. 14 heading substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **10**
- F19** 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)**
- F20** Words in reg. 14(1)(2) substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **10**
- F21** 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)**
- F22** Words in reg. 14(2) substituted (1.4.2013) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2013 \(S.I. 2013/506\)](#), regs. 1, **4** (with reg. 13(1)(2))
- F23** 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>F24</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 [<sup>F25</sup>3 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

- F24** 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**
- F25** Words in reg. 14A(2) substituted (1.4.2013) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2013 \(S.I. 2013/506\)](#), regs. 1, **5** (with reg. 13(1)(2))

#### 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—

**Status:** Point in time view as at 01/07/2015.

**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)

- (a) that one or more of the requirements for the creation of a lasting power of attorney have not been met;
  - (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 [<sup>F26</sup>3 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.

#### Textual Amendments

- F26** Words in reg. 15(3) substituted (1.4.2013) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2013 \(S.I. 2013/506\)](#), regs. 1, 6 (with reg. 13(1)(2))

#### 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>F27</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**

**F27** 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.

[<sup>F28</sup>(1A) The Public Guardian must not register an instrument where only a certified copy of the instrument is sent with the application, unless the applicant verifies that he cannot produce the original instrument because it has been lost or, as the case may be, destroyed.]

(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 [<sup>F29</sup>in relation to which paragraph (1A) has been complied with],

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>.

#### Textual Amendments

**F28** Reg. 24(1A) inserted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), regs. 1, **3(a)** (with reg. 8)

**F29** Words in reg. 24(2)(b) inserted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), regs. 1, **3(b)** (with reg. 8)

#### 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),

*Status: Point in time view as at 01/07/2015.*

*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)*

- (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)—

“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.

*Status: Point in time view as at 01/07/2015.*

*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)*

- (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>F30</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

**F30** 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).

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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)*

(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.

[<sup>F31</sup>(4) The Public Guardian must, if satisfied as to the matters in paragraph (3), provide written notice of that fact to S within 2 weeks of being given notification in accordance with regulation 33(3) (b) in relation to the new security.]

#### Textual Amendments

**F31** Reg. 35(4) inserted (1.4.2013) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2013 \(S.I. 2013/506\)](#), regs. 1, 7

#### 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.

[<sup>F32</sup>(3) Otherwise the security may not be discharged—

- (a) if the person on whose behalf S was appointed to act dies, until the end of the period of 2 years beginning on the date of his death; or
- (b) in any other case, until the end of the period of 7 years beginning on whichever of the following dates first occurs—
  - (i) if S dies, the date of his death;
  - (ii) 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;
  - (iii) 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.]

[<sup>F33</sup>(3A) Where S has replaced a security (“the original security”) previously given by S and the Public Guardian has provided notice in accordance with regulation 35(4), the original security shall stand discharged 2 years from the date on which that notice was issued unless discharged by earlier order of the court upon application under paragraph (2)].

(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.

[<sup>F34</sup>(5) For the purposes of paragraph (3A), if a person takes any step otherwise than under paragraph (2) with a view to discharging the original security before the end of the period specified paragraph (3A), the security is to be treated for all purposes as if it were still in place.]

#### Textual Amendments

- F32** Reg. 37(3) substituted (1.5.2010) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2010 (S.I. 2010/1063), regs. 1, 4 (with reg. 8)
- F33** Reg. 37(3A) inserted (1.4.2013) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2013 (S.I. 2013/506), regs. 1, 8(a) (with reg. 13(3))
- F34** Reg. 37(5) inserted (1.4.2013) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2013 (S.I. 2013/506), regs. 1, 8(b) (with reg. 13(3))

### 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—

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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)*

- (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

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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)*

- (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—

- (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.—<sup>[F35]</sup>(1) 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.

<sup>[F36]</sup>(2) The functions conferred by paragraph (1) may be discharged in co-operation with any other person who has functions in relation to the care or treatment of P.]

#### Textual Amendments

**F35** Reg. 48 renumbered as reg. 48(1) (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), regs. 1, **5(a)** (with reg. 8)

**F36** Reg. 48(2) inserted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), regs. 1, **5(b)** (with reg. 8)

Signed by authority of the Lord Chancellor.

Department for Constitutional Affairs

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

**Status:** Point in time view as at 01/07/2015.

**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)

[<sup>F37</sup>SCHEDULE 1

Regulation 5

Form of Lasting Power of Attorney

.....  
**Textual Amendments**

**F37** Sch. 1 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 11, **Sch. 1** (with regs. 17-19)



# PART 1

## Form of Lasting Power of Attorney for Property and Financial Affairs (Form LP1F)



Office of the  
Public Guardian

Helpline  
0300 456 0300



# Lasting power of attorney for property and financial affairs

## Section 1 The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



For help with  
this section,  
see the  
Guide, part A1.



**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title  First names

Last name

Any other names you're known by (optional – eg your married name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

### For OPG office use only

LPA registration date

Day Month Year

OPG reference number

Only valid with the official stamp here.

LP1F Property and financial  
affairs (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 2 The attorneys

Helpline  
0300 456 0300



The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

To appoint a trust corporation, fill in the first attorney space and tick the box in that section. They must sign Continuation sheet 4. For more about trust corporations, see the Guide, part A2.



**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.

For help with this section, see the Guide, part A2.

Title  First names

Last name (or trust corporation name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

This attorney is a trust corporation.

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

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LPF Property and financial  
affairs (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 2 – continued

Helpline  
0300 456 0300



|   |   |
|---|---|
| <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth<br/><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>Day Month Year</p> <p>Address<br/><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)<br/><input type="text"/></p> | <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth<br/><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>Day Month Year</p> <p>Address<br/><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)<br/><input type="text"/></p> |
| <p><input type="checkbox"/> <b>More attorneys</b> – I want to appoint more than 4 attorneys. Use Continuation sheet 1.</p>  |   |

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LPIF Property and financial  
affairs (04.15)

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Status: Point in time view as at 01/07/2015.

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)

### Section 3 How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

I only appointed one attorney (turn to section 4)

How do you want your attorneys to work together? (tick one only)

**Jointly and severally**  
Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.  
If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.


**Jointly**  
Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.  
**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

**Jointly for some decisions, jointly and severally for other decisions**  
Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.  
**Be careful** – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.

Helpline  
0300 456 0300



For help with this section, see the Guide, part A3.

 If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the the Guide, don't match your needs.

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LPIF Property and financial affairs (04.15)

4

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 4 Replacement attorneys

Helpline  
0300 456 0300



**This section is optional, but we recommend you consider it**

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

To appoint a trust corporation, fill in the first attorney space below and tick the box in that section. They must sign Continuation sheet 4.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or subject to a debt relief order or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A4.

Title  First names

Last name (or trust corporation name)

Date of birth

Day Month Year

Address

Postcode

This attorney is a trust corporation.

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change when or how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

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Status: Point in time view as at 01/07/2015.

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)

## Section 5 When can your attorneys make decisions?

Helpline  
0300 456 0300



You can allow your attorneys to make decisions:

- as soon as the LPA has been registered by the Office of the Public Guardian
- only when you don't have mental capacity

While you have mental capacity you will be in control of all decisions affecting you. If you choose the first option, your attorneys can only make decisions on your behalf if you allow them to. They are responsible to you for any decisions you let them make.

Your attorneys must always act in your best interests.



For help with this section, see the Guide, part A5.

### When do you want your attorneys to be able to make decisions?

(tick one only)

- As soon as my LPA has been registered (and also when I don't have mental capacity)**

Most people choose this option because it is the most practical.

While you still have mental capacity, your attorneys can only act **with your consent**. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you – for example, if you're away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

- Only when I don't have mental capacity**

**Be careful** – this can make your LPA a lot less useful. Your attorneys might be asked to prove you do not have mental capacity each time they try to use this LPA.

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LPIF Property and financial  
affairs (04.15)

6

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 6 People to notify when the LPA is registered

Helpline  
0300 456 0300



### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

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I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

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LPIF Property and financial  
affairs (04.15)

**Status:** Point in time view as at 01/07/2015.

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## Section 7 Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



**Help?**

For help with this section, see the Guide, part A7.

### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'

I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.



If you want to give instructions, you may want to take legal advice.

**Instructions** – use words like 'must' and 'have to'

I need more space – use Continuation sheet 2.

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LPIF Property and financial  
affairs (04.15)



## Section 8 Your legal rights and responsibilities

Helpline  
0300 456 0300



### **!** Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opg/mca-code](http://www.gov.uk/opg/mca-code) or from The Stationery Office.

**Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision 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 attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used:**

- it must be registered by the Office of the Public Guardian (OPG)
- it may be limited to when you don't have mental capacity, according to your choice in section 5

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, part D.



For help with this section, see the Guide, part A8.

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LP1F Property and financial affairs (04.15)

9

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 9 Signature: donor

Helpline  
0300 456 0300



**By signing on this page I confirm all of the following:**

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- 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 LPA and to the provisions of the Mental Capacity Act 2005
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page (and any continuation sheets) before anyone signs sections 10 and 11.

|  |       |      |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |
|--|-------|------|--|--|--|--|--|--|-----|-------|------|--|--|--|--|--|--|
| <p><b>Donor</b></p> <p>Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.</p> <p>Signature or mark</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date signed or marked</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td colspan="2" style="text-align: center; font-size: 8px;">Year</td> <td colspan="4"></td> </tr> </table> <p>If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.</p> <p>If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.</p> |       |      |  |  |  |  |  |  | Day | Month | Year |  |  |  |  |  | <p><b>Witness</b></p> <p>The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Full name of witness</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Postcode</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |
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For help with this section, see the Guide, part A9.

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LPIF Property and financial affairs (04.15)

## Section 10 Signature: certificate provider

Helpline  
0300 456 0300



### **!** Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

### Certificate provider

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| Signature or mark     |                      |                      |                      |                      |                      |
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| Day                   | Month                | Year                 |                      |                      |                      |

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LPIF Property and financial  
affairs (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

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| <p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Day      Month      Year</p> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <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"/> | <p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <input type="text"/> |
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LPIF Property and financial  
affairs (04.15)

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**Status:** Point in time view as at 01/07/2015.

**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)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

|   |                      |                      |                      |                      |                      |                      |   |
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| <p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Day      Month      Year</p> <p>Title      First names</p> <input type="text"/> <input type="text"/> <p>Last name</p> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <input type="text"/> |
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LPIF Property and financial  
affairs (04.15)

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**Status:** Point in time view as at 01/07/2015.

**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)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

|   |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |                      |                      |   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|----------------------|----------------------|---|
| <p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <input type="text"/> | <input type="text"/> | <p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <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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Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

14

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

|   |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |                      |                      |   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|----------------------|----------------------|---|
| <p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <input type="text"/> | <input type="text"/> | <p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |                      |                      |   |
| Day   | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |                      |                      |   |
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Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

15

**Status:** Point in time view as at 01/07/2015.

**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)



## Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part B of the Guide.

### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See part C of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.



**Status:** Point in time view as at 01/07/2015.

**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)

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are either the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

### Who is applying to register the LPA? (tick one only)

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign section 15. Otherwise, only one of the attorneys needs to sign



**Help?**  
For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

|  |  |
|--|--|
| <p>Title <input type="text"/> First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day Month Year</p> | <p>Title <input type="text"/> First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day Month Year</p> |
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**Status:** Point in time view as at 01/07/2015.

**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)

## Section 13 Who do you want to receive the LPA?

Helpline  
0300 456 0300



We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

### Who would you like to receive the LPA and any correspondence?

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names  
     

Last name

Company (optional)

Address

Postcode



**Help?**  
For help with this section, see the Guide, part B3.

### How would the person above prefer to be contacted?

You can choose more than one.

- Post**
- Phone**
- Email**
- Welsh** (we will write to the person in Welsh)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 14 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

**I want to apply to pay a reduced fee**  
You'll need to fill in form LPA120 and include it with your application.  
You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

### Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay a reduced fee.

**I'm making a repeat application**

Case number

### For OPG office use only

Payment reference

Payment date

Day Month Year

Amount

LPIF Register your LPA (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 15 Signature

Helpline  
0300 456 0300



**Do not sign this section until after sections 9, 10 and 11 have been signed.**



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

|  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
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| <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |
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| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
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| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |
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| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |

If more than 4 attorneys need to sign, make copies of this page.

**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**



For help with this section, see the Guide, parts A2, A4 and A6.

|   |   |
|---|---|
| <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br>Title First names<br><input type="text"/><br>Last name<br><input type="text"/><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/><br>Day Month Year<br>Address<br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br>Email address (optional)<br><input type="text"/> | <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br>Title First names<br><input type="text"/><br>Last name<br><input type="text"/><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/><br>Day Month Year<br>Address<br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br>Email address (optional)<br><input type="text"/> |
|---|---|

**Donor**  
You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked  
    
 Day Month Year

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

Status: Point in time view as at 01/07/2015.

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)

# Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

If you use this page, you must sign it.



For help with this section, see the Guide, parts A2, A4 and A6.

|   |   |
|---|---|
| <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br><br>Title    First names<br><input type="text"/> <input type="text"/><br><br>Last name<br><input type="text"/><br><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day    Month    Year<br><br>Address<br><input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br><br>Email address (optional)<br><input type="text"/> | <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br><br>Title    First names<br><input type="text"/> <input type="text"/><br><br>Last name<br><input type="text"/><br><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day    Month    Year<br><br>Address<br><input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br><br>Email address (optional)<br><input type="text"/> |
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**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked  
      
 Day    Month    Year

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



**Help?**

For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)



Status: Point in time view as at 01/07/2015.

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)

### Continuation sheet 3 If the donor cannot sign or mark

Helpline  
0300 456 0300



Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

|  |   |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|--|
| <p><b>Donor</b></p> <p>Full name</p> <input type="text"/>  | <p><b>Witnesses</b></p> <p>Witnesses must <b>not</b> be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.</p> <p>Signature or mark of first witness</p> <input type="text"/> <p>Full name of first witness</p> <input type="text"/> <p>Address of first witness</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode <input type="text"/></p> <p>Signature or mark of second witness</p> <input type="text"/> <p>Full name of second witness</p> <input type="text"/> <p>Address of second witness</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode <input type="text"/></p> |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| <p><b>Signatory</b></p> <p>You must:</p> <ul style="list-style-type: none"> <li>• sign in the donor's presence and in the presence of 2 witnesses</li> <li>• sign in your own name</li> <li>• not also be a witness to this LPA</li> <li>• sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time</li> </ul> <p>If the LPA is for health and care decisions:</p> <ul style="list-style-type: none"> <li>• you must also sign and date either Option A or Option B of Section 5, as directed by the donor</li> <li>• your signature in Section 5 must be witnessed</li> </ul> <p>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.</p> <p>Signature or mark</p> <input type="text"/> <p>Full name of person signing</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |  |
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| Day  | Month   | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |



For help with this section, see the Guide, part A9.

Only valid with the official stamp here.

LPC Continuation sheet 3 (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 4 Trust corporation appointed as an attorney

Helpline  
0300 456 0300



**Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney**

**By execution of this deed the trust corporation understands and confirms all of the following:**

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

**Further statement by a trust corporation acting as a replacement attorney:** It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.

**Help?**

For help with this section, see the Guide, part A11.

Company registration number

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 authorised person

Date signed or marked

Day Month Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

Day Month Year

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

## PART 2

### Form of Lasting Power of Attorney for Health and Welfare (Form LP1H)



Office of the  
Public Guardian

Helpline  
0300 456 0300



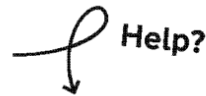
# Lasting power of attorney for health and welfare

## Section 1

### The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



For help with this section, see the Guide, part A1.

**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title  First names

Last name

Any other names you're known by (optional – eg your married name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

#### For OPG office use only

LPA registration date

Day Month Year

OPG reference number

Only valid with the official stamp here.

LP1H Health and welfare (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 2 The attorneys

Helpline  
0300 456 0300

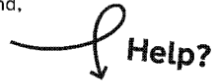


The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions.



For help with this section, see the Guide, part A2.

|  |  |
|--|--|
| <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p> | <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p> |
|--|--|

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 2 - continued

Helpline  
0300 456 0300



|  |  |
|--|--|
| <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth<br/>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Address<br/><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)<br/><input type="text"/></p> | <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth<br/>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Address<br/><input type="text"/><br/><input type="text"/><br/><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)<br/><input type="text"/></p> |
| <p><input type="checkbox"/> <b>More attorneys</b> – I want to appoint more than 4 attorneys. Use Continuation sheet 1.</p>   |  |

Only valid with the official stamp here. LPIH Health and welfare (04.15)  
3

Status: Point in time view as at 01/07/2015.

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)

### Section 3 How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

Helpline  
0300 456 0300



I only appointed one attorney (turn to section 4)

How do you want your attorneys to work together? (tick one only)

Jointly and severally

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

Jointly

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

Jointly for some decisions, jointly and severally for other decisions

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one of your attorneys dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.



Help?  
For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the Guide don't match your needs.

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LPIH Health and welfare (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 4 Replacement attorneys

Helpline  
0300 456 0300



**This section is optional, but we recommend you consider it**

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions.



For help with this section, see the Guide, part A4.

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

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LPIH Health and welfare (04.15)

5

Status: Point in time view as at 01/07/2015.

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)

## Section 5 Life-sustaining treatment

Helpline  
0300 456 0300



### **!** This is an important part of your LPA.

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth)

Whether some treatments are life-sustaining depends on the situation. If you had pneumonia, a simple course of antibiotics could be life-sustaining.

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that didn't go as planned.

You can use section 7 of this LPA to let your attorneys know more about your preferences in particular circumstances (this is optional).



**Help?**  
For help with this section, including how your LPA relates to an 'advance decision', see the Guide, part A5.

### Who do you want to make decisions about life-sustaining treatment? (sign only one option)

**Option A – I give my attorneys authority**  
to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Signature or mark

Date signed or marked

Day Month Year

**Option B – I do not give my attorneys authority**  
to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

Signature or mark

Date signed or marked

Day Month Year

### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

Only valid with the official stamp here.

LPIH Health and welfare (04.15)



**Status:** Point in time view as at 01/07/2015.

**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)

## Section 6 People to notify when the LPA is registered

Helpline  
0300 456 0300



### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
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| Last name            |                      |
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| Postcode             |                      |
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I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

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LPIH Health and welfare (04.15)

7

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 7 Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



**Help?**  
For help with this section, see the Guide, part A7.

### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'

I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.



If you want to give instructions, you may want to take legal advice.

**Instructions** – use words like 'must' and 'have to'

I need more space – use Continuation sheet 2.

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

## Section 8 Your legal rights and responsibilities

Helpline  
0300 456 0300



### **!** Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opp/mca-code](http://www.gov.uk/opp/mca-code) or from The Stationery Office.

**Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision 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 attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used** it must be registered by the Office of the Public Guardian (OPG). Your attorneys can only use this LPA if you don't have mental capacity.

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, Part D.



For help with this section, see the Guide, part A8.

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

Status: Point in time view as at 01/07/2015.

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)

## Section 9 Signature: donor

Helpline  
0300 456 0300



By signing on this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- 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 LPA and to the provisions of the Mental Capacity Act 2005
- I confirm I have chosen either Option A or Option B about life sustaining treatment in section 5 of this LPA
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page and page 5 (and any continuation sheets) before anyone signs sections 10 and 11.

| Donor  | Witness  |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|--|
| Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.  | The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over. |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| Signature or mark<br><input type="text"/>  | Signature or mark<br><input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| Date signed or marked<br><table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | Full name of witness<br><input type="text"/> |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |  |
| Day  | Month  | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |
| You must also sign Section 5 (page 6) at the same time as you sign this page.  | Address<br><input type="text"/><br><input type="text"/><br><input type="text"/>                                    |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.   | Postcode <input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.  | <p><b>Help?</b> For help with this section, see the Guide, part A9.</p>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 10 Signature: certificate provider

Helpline  
0300 456 0300



**!** Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

**Certificate provider**

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked

Day   Month   Year

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

Status: Point in time view as at 01/07/2015.

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)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

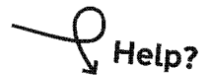


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

| Attorney or replacement attorney   | Witness   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|---|
| Signed (or marked) by the attorney or replacement attorney and delivered as a deed.  | The witness must not be the donor of this LPA, and must be aged 18 or over. |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Signature or mark<br><input type="text"/>  | Signature or mark<br><input type="text"/>                                   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Date signed or marked<br><table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | Full names of witness<br><input type="text"/> |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |   |
| Day  | Month   | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Title<br><input type="text"/>  | Address<br><input type="text"/>   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
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| Last name<br><input type="text"/>  | Postcode<br><input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

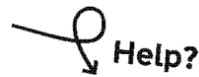


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

| Attorney or replacement attorney   | Witness   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|---|
| Signed (or marked) by the attorney or replacement attorney and delivered as a deed.  | The witness must not be the donor of this LPA, and must be aged 18 or over. |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Signature or mark<br><input type="text"/>  | Signature or mark<br><input type="text"/>                                   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
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| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |   |
| Day  | Month   | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Title<br><input type="text"/>  | Address<br><input type="text"/>   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| First names<br><input type="text"/>  | <input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Last name<br><input type="text"/>  | Postcode<br><input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

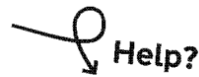


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

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- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
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For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

| Attorney or replacement attorney   | Witness   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
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| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |   |
| Day  | Month   | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Title<br><input type="text"/>  | Address<br><input type="text"/>   |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| First names<br><input type="text"/>  | <input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |
| Last name<br><input type="text"/>  | Postcode<br><input type="text"/>  |                      |                      |                      |                      |                      |     |       |      |  |  |  |   |

Only valid with the official stamp here. LPIH Health and welfare (04.15) 14



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## Section 11 Signature: attorney or replacement

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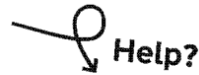


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For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

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| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |   |
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**Status:** Point in time view as at 01/07/2015.

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## Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part C of the Guide.

### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See Part B of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

**Status:** Point in time view as at 01/07/2015.

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# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are the donor or attorney(s) for this LPA.  
The donor and attorney(s) should not apply together.

**Who is applying to register the LPA?** (tick one only)

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign in section 15. Otherwise, only one of the attorneys needs to sign



**Help?**  
For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

|  |  |
|--|--|
| <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
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**Status:** Point in time view as at 01/07/2015.

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## Section 13

### Who do you want to receive the LPA?

We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

Helpline  
0300 456 0300



#### Who would you like to receive the LPA and any correspondence?

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names  
     

Last name

Company (optional)

Address

Postcode



**Help?**

For help with this section, see the Guide, part B3.

#### How would the person above prefer to be contacted?

You can choose more than one.

- Post**
- Phone**
- Email**
- Welsh** (We will write to the person in Welsh)

**Status:** Point in time view as at 01/07/2015.

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## Section 14 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

**I want to apply to pay a reduced fee**

You'll need to fill in form LPA120 and include it with your application. You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

### Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay a reduced fee.

**I'm making a repeat application**

Case number

### For OPG office use only

Payment reference

Payment date

Day

Month

Year

Amount

LPIH Register your LPA (04.15)


**Status:** Point in time view as at 01/07/2015.

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## Section 15 Signature

Helpline  
0300 456 0300



 Do not sign this section until after sections 9, 10 and 11 have been signed.



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

|  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|
| <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |
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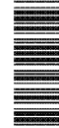
If more than 4 attorneys need to sign, make copies of this page.

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## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**



For help with this section, see the Guide, parts A2, A4 and A6.

|  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> <b>Attorney</b> LPA section 2             | <input type="checkbox"/> <b>Attorney</b> LPA section 2             |                      |
| <input type="checkbox"/> <b>Replacement attorney</b> LPA section 4 | <input type="checkbox"/> <b>Replacement attorney</b> LPA section 4 |                      |
| <input type="checkbox"/> <b>Person to notify</b> LPA section 6     | <input type="checkbox"/> <b>Person to notify</b> LPA section 6     |                      |
| Title  | First names  |                      |
| <input type="text"/>   | <input type="text"/>   |                      |
| Last name  |  |                      |
| <input type="text"/>   |  |                      |
| Date of birth (not required for 'person to notify')                |  |                      |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/> |
| Day  | Month  | Year                 |
| Address  |  |                      |
| <input type="text"/>   |  |                      |
| <input type="text"/>   |  |                      |
| Postcode   | <input type="text"/>   |                      |
| Email address (optional)   |  |                      |
| <input type="text"/>   |  |                      |

**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  || Day | Month | Year |

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

Status: Point in time view as at 01/07/2015.

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)

# Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

If you use this page, you must sign it.



For help with this section, see the Guide, parts A2, A4 and A6.

|   |   |
|---|---|
| <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br><br>Title    First names<br><input type="text"/> <input type="text"/><br><br>Last name<br><input type="text"/><br><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day    Month    Year<br><br>Address<br><input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br><br>Email address (optional)<br><input type="text"/> | <input type="checkbox"/> <b>Attorney</b> LPA section 2<br><input type="checkbox"/> <b>Replacement attorney</b> LPA section 4<br><input type="checkbox"/> <b>Person to notify</b> LPA section 6<br><br>Title    First names<br><input type="text"/> <input type="text"/><br><br>Last name<br><input type="text"/><br><br>Date of birth (not required for 'person to notify')<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day    Month    Year<br><br>Address<br><input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/><br><br>Email address (optional)<br><input type="text"/> |
|---|---|

**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked  
      
 Day    Month    Year

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)



**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

Status: Point in time view as at 01/07/2015.

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)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

If you use this page, you must sign it.

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



**Help?**

For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

Status: Point in time view as at 01/07/2015.

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)

### Continuation sheet 3 If the donor cannot sign or mark

Helpline  
0300 456 0300



Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

|   |   |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------|------|--|--|--|--|
| <p><b>Donor</b></p> <p>Full name</p> <input type="text"/>   | <p><b>Witnesses</b></p> <p>Witnesses must <b>not</b> be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.</p> <p>Signature or mark of first witness</p> <input type="text"/> <p>Full name of first witness</p> <input type="text"/> <p>Address of first witness</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <input type="text"/> <p>Signature or mark of second witness</p> <input type="text"/> <p>Full name of second witness</p> <input type="text"/> <p>Address of second witness</p> <input type="text"/><br><input type="text"/><br><input type="text"/> <p>Postcode</p> <input type="text"/> |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |
| <p><b>Signatory</b></p> <p>You must:</p> <ul style="list-style-type: none"> <li>• sign in the donor's presence and in the presence of 2 witnesses</li> <li>• sign in your own name</li> <li>• not also be a witness to this LPA</li> <li>• sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time</li> </ul> <p>If the LPA is for health and care decisions:</p> <ul style="list-style-type: none"> <li>• you must also sign and date either Option A or Option B of Section 5, as directed by the donor</li> <li>• your signature in Section 5 must be witnessed</li> </ul> <p>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.</p> <p>Signature or mark</p> <input type="text"/> <p>Full name of person signing</p> <input type="text"/> <p>Date signed or marked</p> <table> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |  |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |  |
| Day   | Month   | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |



For help with this section, see the Guide, part A9.

Only valid with the official stamp here.

LPC Continuation sheet 3 (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Continuation sheet 4 Trust corporation appointed as an attorney

Helpline  
0300 456 0300



**Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney**

**By execution of this deed the trust corporation understands and confirms all of the following:**

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

**Further statement by a trust corporation acting as a replacement attorney:** It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.

**Help?**

For help with this section, see the Guide, part A11.

Company registration number

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 authorised person

Date signed or marked

Day Month Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

Day Month Year

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

[<sup>F38</sup>SCHEDULE 2

Regulation 10

Form of Notice of Intention to Register Lasting Power of Attorney (Form LPA3)

**Textual Amendments**

**F38** Sch. 2 substituted (1.7.2015) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2015 (S.I. 2015/899), regs. 1(2), 12, **Sch. 2** (with regs. 17-19)

**Status:** Point in time view as at 01/07/2015.

**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)

# Notice of intention to register a lasting power of attorney



**Person to notify**

Title  First names

Last name

Address

Postcode

**Date**

Day Month Year

**You have received this notice because the person named on page 2 has made a lasting power of attorney.**

A lasting power of attorney (LPA) is a legal document that lets someone (known as a 'donor') appoint people (known as 'attorneys') to make decisions on their behalf. It can apply to financial decisions or health and care decisions. An LPA can be used if the donor is unable to make their own decisions.

In other words, the person on page 2 is appointing the people on page 3 to make decisions on their behalf.

When they made the LPA, the donor decided you should be told about it before it's registered. This is so you can raise any concerns you may have. If you do have concerns, you can only object to the registration of the LPA for the reasons listed on page 4 of this form.

**If you want to object, you must do so within 3 weeks of the date of this notice.**

If you don't want to object you don't have to do anything.



**Status:** Point in time view as at 01/07/2015.

**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 lasting power of attorney

Helpline  
0300 456 0300



### About the donor – the person who made the LPA

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

### About the lasting power of attorney

**Who is applying to register the LPA?**

Donor

Attorney(s)

**What type of LPA is being registered?**

Property and financial affairs

Health and welfare

**When did the donor sign the LPA?**

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day                  | Month                | Year                 |                      |                      |                      |

**Status:** Point in time view as at 01/07/2015.

**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)

## About the attorneys

Helpline  
0300 456 0300



### How are the attorneys appointed?

- There's only 1 attorney
- Jointly and severally
- Jointly
- Jointly for some decisions, jointly and severally for other decisions

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
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| Postcode             | <input type="text"/> |

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| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
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| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

If there are more than 4 attorneys, please make a copy of this page.  
You don't need to list replacement attorneys appointed in the LPA (if any).





## How to object

**If you wish to object, you must do so within 3 weeks of being given this notice.**

You can only object to an LPA for one of the reasons below.

### Factual objections:

- the donor or an attorney has died
- the donor and an attorney were married or had a civil partnership but have divorced or ended the civil partnership (unless the LPA says the attorney can still act if that happens)
- an attorney doesn't have the mental capacity to be an attorney (they must be able to understand and make decisions for themselves)
- an attorney has chosen to stop acting (known as 'disclaiming their appointment')
- the donor or an attorney is bankrupt, interim bankrupt or subject to a debt relief order (LPA for financial decisions only)
- the attorney is a trust corporation and is wound up or dissolved (LPA for financial decisions only)

To make a factual objection, complete form LPA007 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/power-of-attorney/object-registration](http://www.gov.uk/power-of-attorney/object-registration) or by calling 0300 456 0300.

### Prescribed objections:

- the LPA isn't legally valid – for example, you don't believe the donor had mental capacity to make an LPA
- the donor cancelled their LPA when they had mental capacity to do so
- there was fraud or the donor was pressured to make the LPA
- an attorney is acting above their authority or against the donor's best interests (or you know that they intend to do this)

To make a prescribed objection:

- complete form COP7 and send it to the Court of Protection. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 4000 **AND**
- complete form LPA008 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300

If you are objecting to a specific attorney, it may not prevent registration if other attorneys or a replacement attorney have been appointed.

**You can find out more about lasting powers of attorney at [www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney) or by calling 0300 456 0300.**



**Status:** Point in time view as at 01/07/2015.

**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)

[<sup>F39</sup>SCHEDULE 3

Regulation 11

Form to Register Certain Lasting Powers of Attorney (Form LP2)

**Textual Amendments**

**F39** Sch. 3 substituted (1.7.2015) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2015 (S.I. 2015/899), regs. 1(2), 13, **Sch. 3** (with regs. 17-19)

# Register your lasting power of attorney

## Section 1 About the lasting power of attorney

**Donor**

Title First names

Last name

**What type of lasting power of attorney (LPA) is being registered?**  
(tick one only)

If you are registering 2 LPAs, you must fill in one form for each LPA.

Property and financial affairs

Health and welfare



For help with this section, see the Guide, part B1.



**Status:** Point in time view as at 01/07/2015.

**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)

## Section 2 The applicant

Helpline  
0300 456 0300



You can only apply to register if you are either the donor or attorney(s) for this lasting power of attorney (LPA). The donor and attorneys should not apply together.

**Who is applying to register the LPA?** (tick one only)

- Donor** – the donor needs to sign section 5 of this form.
- Attorney(s)** – If the attorneys were appointed jointly in the LPA then they **all** need to sign section 5 of this form. Otherwise, only one of the attorneys needs to sign.



**Help?**  
For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 3

### Who do you want to receive the LPA?

We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys on the LPA form, so you don't have to repeat any of these here unless they have changed.

Helpline  
0300 456 0300



#### Who would you like to receive the LPA and any correspondence?

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names

Last name

Company (optional)

Address

Postcode

#### How would the person above prefer to be contacted?

You can choose more than one.

- Post**
- Phone**
- Email**
- Welsh** (We will write to the person in Welsh)

If you need to update anyone else's address, use section 6.



#### Help?

For help with this section, see the Guide, part B3.

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 4 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form and on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, don't write your credit or debit card details here. We'll contact you to process the payment.

**Your phone number**

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, Part B4 for details.

**I want to apply to pay a reduced fee**  
You'll need to fill in form LPA120 and include it with your application. You'll also need to send proof that the donor is eligible to pay a reduced fee.

### For OPG office use only

Payment reference

Payment date

Day

Month

Year

Amount

LP2 Register LPA (04.15)

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 5 Signature

Helpline  
0300 456 0300



The person applying to register the lasting power of attorney (LPA) (see section 2) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

|  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
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| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  | <p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year |  |  |  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |
| Day  | Month                | Year                 |                      |                      |                      |                      |     |       |      |  |  |  |  |                      |                      |                      |                      |                      |                      |     |       |      |  |  |  |

If more than 4 attorneys need to sign, make copies of this page.

**Status:** Point in time view as at 01/07/2015.

**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)

## Section 6 Addresses

Helpline  
0300 456 0300



### Use this page:

- if the LPA was made before 1 October 2009, to tell us **all** the attorneys' addresses
- if the LPA was made since 1 October 2009 and the donor or any attorney has changed address

Title  First names

Last name

Address

Postcode

Email address

Title  First names

Last name

Address

Postcode

Email address

Title  First names

Last name

Address

Postcode

Email address

Title  First names

Last name

Address

Postcode

Email address



**Status:** Point in time view as at 01/07/2015.

**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)

<sup>F40</sup>SCHEDULE 3A

Regulation 13

**Textual Amendments**

**F40** Sch. 3A omitted (1.7.2015) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **14** (with reg. 19(3)-(5))

<sup>F41</sup>SCHEDULE 4

Regulation 13

Form of Notices of Application to Register a Lasting Power of Attorney

**Textual Amendments**

**F41** Sch. 4 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 15, **Sch. 4** (with regs. 17-19)

**Status:** Point in time view as at 01/07/2015.

**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 1

### Form of Notice to Attorney: Application to Register a Lasting Power of Attorney (Form LPA003A)



Office of the  
Public Guardian

Office of the Public Guardian  
PO Box 16185  
Birmingham B2 2WH

Tel: 0300 456 0300  
Fax: 0870 739 5780

customerservices@publicguardian.gsi.gov.uk  
www.gov.uk/opg

### Notice to attorney: application to register a lasting power of attorney (LPA003A)

**Date:**

**Case number:**

**To:**

You have received this notice because:

- \_\_\_\_\_ (the 'donor') made a lasting power of attorney (LPA)  
for \_\_\_\_\_
- they named you as attorney in that LPA
- the person(s) named below has applied to register the LPA

**Person(s) who applied to register the LPA**

The following person(s) applied to register the LPA:

**Your right to object**

You can object to the proposed registration of the LPA.

You have 3 weeks from \_\_\_\_\_ to object. Page 2 of this notice tells you how to object.

**Status:** Point in time view as at 01/07/2015.

**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

**If you wish to object, you must do so within 3 weeks of being given this notice.**

You can only object to an LPA for one of the reasons below.

### Factual objections:

- the donor or an attorney has died
- the donor and an attorney were married or had a civil partnership but have divorced or ended the civil partnership (unless the LPA says the attorney can still act if that happens)
- an attorney doesn't have the mental capacity to be an attorney (they must be able to understand and make decisions for themselves)
- an attorney has chosen to stop acting (known as 'disclaiming their appointment')
- the donor or an attorney is bankrupt, interim bankrupt or subject to a debt relief order (financial decisions LPA)
- the attorney is a trust corporation and is wound up or dissolved (financial decisions LPA)

To make a factual objection, complete form LPA007 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/power-of-attorney/object-registration](http://www.gov.uk/power-of-attorney/object-registration) or by calling 0300 456 0300.

### Prescribed objections:

- the LPA isn't legally valid – for example, you don't believe the donor had mental capacity to make an LPA
- the donor cancelled their LPA when they had mental capacity to do so
- there was fraud or the donor was pressured to make the LPA
- an attorney is acting above their authority or against the donor's best interests (or you know that they intend to do this)

To make a prescribed objection:

- complete form COP7 and send it to the Court of Protection. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 4000 **AND**
- complete form LPA008 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300

If you are objecting to a specific attorney, it may not prevent registration if other attorneys or a replacement attorney have been appointed.

**You can find out more about lasting powers of attorney at [www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney) or by calling 0300 456 0300.**

**Status:** Point in time view as at 01/07/2015.

**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

### Form of Notice to Donor: Application to Register a Lasting Power of Attorney



Office of the  
Public Guardian

Office of the Public Guardian  
PO Box 16185  
Birmingham B2 2WH

Tel: 0300 456 0300  
Fax: 0870 739 5780

customerservices@publicguardian.gsi.gov.uk  
www.gov.uk/opg

### Notice to donor: application to register a lasting power of attorney (LPA003B)

**Date:**

**Case number:**

**To:**

You have received this notice because:

- You made a lasting power of attorney (LPA) for
- the person(s) named below has applied to register the LPA

**Person(s) who applied to register the LPA**

The following attorney(s) applied to register the LPA:

**Your right to object**

You can object to the proposed registration of the LPA.

You have 3 weeks from \_\_\_\_\_ to object.

**How to object**

Complete form LPA006 and send it to the Office of the Public Guardian – get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300.

LPA003B (04.15)

**Status:** Point in time view as at 01/07/2015.

**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.

**Status:** Point in time view as at 01/07/2015.

**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)

[<sup>F42</sup>SCHEDULE 6

Regulation 20

Form of Disclaimer by a Proposed or Acting Attorney  
under a Lasting Power of Attorney (Form LPA005)

**Textual Amendments**

**F42** Sch. 6 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 16, **Sch. 5** (with regs. 17-19)



**Form  
LPA005**

## Disclaimer by a proposed or acting attorney under a lasting power of attorney

**1. Donor details** (the person who made the lasting power of attorney)

|                      |                      |
|----------------------|----------------------|
| Title                | First names          |
| <input type="text"/> | <input type="text"/> |
| Last name            |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

### To the donor

You have received this notice because:

- you made a lasting power of attorney (LPA)
- you chose the person named on page 2 (the 'disclaiming attorney') as an attorney for that LPA
- that person now wishes to give up their role as an attorney (this is called 'disclaiming their appointment').

**Status:** Point in time view as at 01/07/2015.

**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)

**2. About the lasting power of attorney (LPA)**

**What type of LPA is it?**

Property and financial affairs

Health and welfare

**When did the donor sign the LPA?**  
(To find out, look at Part A of the LPA if it was made before 1 April 2015 or section 9 if it was made on or after that date)

Date

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Day      Month      Year

**Was the LPA registered by the Office of the Public Guardian?**  
(see page 1 of the LPA - the section marked 'OPG office use only')

Yes

No

**When was the LPA registered?**

Date

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Day      Month      Year

**What is the 'OPG reference number'?** (see page 1 of the LPA)

|  |
|--|
|  |
|--|

**3. Disclaiming attorney details (the person sending this notice)**

Title      First names

|  |  |
|--|--|
|  |  |
|--|--|

Last name

|  |
|--|
|  |
|--|

Address

|  |
|--|
|  |
|  |
|  |

Postcode

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Phone number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



**Status:** Point in time view as at 01/07/2015.

**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)

#### 4. Signature and date

I disclaim my appointment as attorney under the lasting power of attorney made by the donor named on this form. I will send copies of this form to any other attorneys named on the lasting power of attorney and to the Office of the Public Guardian:

Signature or mark

Date signed

Day

Month

Year

#### Notes for the person completing this form

**When you have completed and signed this form:**

- send the original form to the donor
- send a copy of this form to any other attorneys that were named in the LPA
- if you are the only attorney, send a copy of the form to any replacement attorneys named in the LPA

**If the Office of the Public Guardian (OPG) has registered the LPA, you should also:**

- send a copy of this form to OPG
- send any copies of the LPA that you have to OPG

Address: Office of the Public Guardian, PO BOX 16185, Birmingham, B2 2WH

If you have any queries call the OPG contact centre on 0300 456 0300.

**Status:** Point in time view as at 01/07/2015.

**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 7

Regulation 23

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

[<sup>F43</sup>

#### Textual Amendments

- F43** Sch. 7 Form substituted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), reg. 1, **Sch. 1** (with reg. 8)

**Status:** Point in time view as at 01/07/2015.

**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)

Form EPIPG

**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. Any attorney who is appointed to act jointly and severally, but who does not join in the application, must also be named.

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 on one or more of the grounds set out below. If you object, you must notify the Office of the Public Guardian and state which of the grounds you are relying on within five weeks from the day this notice was given to you. You may make an application to the Court of Protection under rule 68 of the Court of Protection Rules 2007 for a decision on the matter. No fee is payable for such an application. If you do not make such an application, the Public Guardian may ask for the court's directions about registration.

**Status:** Point in time view as at 01/07/2015.

**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)

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 you with any general questions about the possible objections. 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:**  
**Office of the Public Guardian**  
**PO Box 15118**  
**Birmingham**  
**B16 6GX**

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

**Status:** Point in time view as at 01/07/2015.

**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 8

Regulation 24

### Application to Register an Enduring Power of Attorney

[<sup>F44</sup>

#### Textual Amendments

**F44** Sch. 8 Form substituted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), reg. 1, **Sch. 2** (with reg. 8)

Status: Point in time view as at 01/07/2015.

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)

Office of the Public Guardian
Mental Capacity Act 2005
Form EP2PG
Application for Registration of an Enduring Power of Attorney

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

Part One - The Donor

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

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

Last Name:
Forename 1:
Other Forenames:
Company Name:
Address 1:
Address 2:
Address 3:
Town/City:
County:
Postcode:
Donor Date of Birth:
If the exact date is unknown please state the year of birth

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

**Status:** Point in time view as at 01/07/2015.

**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 Two - Attorney One   |   |
|---|---|
| Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field. |   |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>     |   |
| Place a cross against one option <input checked="" type="checkbox"/> 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:   | <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"/>          |
|   | (STD Code): <input style="width: 100%;" type="text"/>               |
| Email Address:  | <input style="width: 100%;" type="text"/>                           |
| Occupation:   | <input style="width: 100%;" type="text"/>                           |
| Relationship to donor:  |   |
| Civil Partner / Spouse <input type="checkbox"/>   | Child <input type="checkbox"/>                                      |
| Other Relation <input type="checkbox"/>   | No Relation <input type="checkbox"/>                                |
| Solicitor <input type="checkbox"/>  | Other Professional <input type="checkbox"/>                         |
| Place a cross against one option <input checked="" type="checkbox"/>  |   |
| If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 150px;" type="text"/>   |   |
| Part B of the Enduring Power of Attorney states whether the attorney is to act jointly, jointly and severally, or alone.                              |   |
| Appointment (Place a cross against one option <input checked="" type="checkbox"/> ):  | Jointly <input type="checkbox"/>                                    |
|   | Jointly and Severally <input type="checkbox"/>                      |
|   | Alone <input type="checkbox"/>                                      |



**Status:** Point in time view as at 01/07/2015.

**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 Three - Attorney Two   |  |
|---|--|
| <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"/>   | If Other, please specify here: <input style="width: 100%;" type="text"/>                                     |
| Place a cross against one option <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:   | DX No. (solicitors only): <input style="width: 100%;" type="text"/>  |
| DX Exchange (solicitors only):  | <input style="width: 100%;" type="text"/>  |
| Attorney Date of Birth:   | Daytime Tel No.: <input style="width: 100%;" type="text"/>   |
|   | D D M M Y Y Y Y                      (STD Code):   |
| Email Address:  | <input style="width: 100%;" type="text"/>  |
| Occupation:   | <input style="width: 100%;" type="text"/>  |
| <b>Relationship to donor:</b>   |  |
| Civil Partner / Spouse <input type="checkbox"/> Other Child Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Other Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/> | If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 100%;" type="text"/> |
| Place a cross against one option <input checked="" type="checkbox"/>  |  |
| Part Four - Attorney Three  |  |
| <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"/>   | If Other, please specify here: <input style="width: 100%;" type="text"/>                                     |
| Place a cross against one option <input checked="" type="checkbox"/>  |  |
| Last Name:  | <input style="width: 100%;" type="text"/>  |
| Forename 1:   | <input style="width: 100%;" type="text"/>  |

**Status:** Point in time view as at 01/07/2015.

**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 Four - Attorney Three cont'd  |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|---|---|---|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|-------------|--|--|--|--|--|--|
| Other Forenames:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Company Name:  | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Address 1:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Address 2:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Address 3:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Town/City:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| County:  | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Postcode:  | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
|  | DX No. (solicitors only): <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| DX Exchange (solicitors only):   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Attorney Date of Birth:  | <table style="display: inline-table; border: none;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <table style="display: inline-table; border: none; margin-left: 20px;"> <tr> <td>Daytime Tel No.:</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td></td><td colspan="7" style="text-align: center;">(STD Code):</td> </tr> </table> | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/>     | D                        | D                        | M                        | M                        | Y                    | Y | Y | Y | Daytime Tel No.: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | (STD Code): |  |  |  |  |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>   | <input type="text"/>   |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| D  | D   | M                        | M                        | Y                        | Y                        | Y  | Y  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Daytime Tel No.:   | <input type="text"/>  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>   | <input type="text"/>   |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
|  | (STD Code):   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Email Address:   | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Occupation:  | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Relationship to donor:   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Civil Partner / Spouse</td> <td style="width: 15%;">Child</td> <td style="width: 15%;">Other Relation</td> <td style="width: 15%;">No Relation</td> <td style="width: 15%;">Solicitor</td> <td style="width: 15%;">Other Professional</td> <td style="width: 20%;">If 'Other Relation' or 'Other Professional', specify relationship:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> </table> | 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 type="text"/> |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| 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 type="text"/>   |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Place a cross against one option <input checked="" type="checkbox"/>   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form).  |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Part Five - The Enduring Power of Attorney   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| I (We) the attorney(s) apply to register the Enduring Power of Attorney made by the donor under the Enduring Powers of Attorney Act 1985, the original, or if the original is lost or destroyed, a certified copy of which accompanies this application.   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| I (We) have reason to believe that the donor is or is becoming mentally incapable.   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| Date that the Donor signed the Enduring Power of Attorney. You can find this in Part B of the Enduring Power of Attorney.  | <input type="text"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
|  | D D M M Y Y Y Y   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| To your knowledge, has the Donor made any other Enduring Powers of Attorney?:  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Place a cross against one option <input checked="" type="checkbox"/>  |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| If 'Yes', please give details below including registration date if applicable:   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| <input type="text"/>   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |
| <input type="text"/>   |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |                          |                          |                      |   |   |   |                  |                      |                      |                      |                      |                      |                      |                      |  |             |  |  |  |  |  |  |

**Status:** Point in time view as at 01/07/2015.

**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 Six - Notice of Application to Donor**

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

I (We) have given notice of the application to register in the prescribed form (EP1PG) to the donor personally,

on this date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
D D M M Y Y Y Y

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

|            |  |  |  |  |  |           |  |
|------------|--|--|--|--|--|-----------|--|
| Full Name: |  |  |  |  |  |           |  |
| Address 1: |  |  |  |  |  |           |  |
| Address 2: |  |  |  |  |  |           |  |
| Address 3: |  |  |  |  |  |           |  |
| Town/City: |  |  |  |  |  | Postcode: |  |
| County:    |  |  |  |  |  |           |  |

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

Please complete details of all relatives entitled to notice.

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

I (We) have given notice to register in the prescribed form (EP1PG) to the following relatives of the donor:

|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
|------------|----------------------|------------------------|----------------------|--------------------|--|--|--|--|--|--|--|--|--|
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> | Date notice given: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
| Address:   | <input type="text"/> |                        |                      |                    | D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> | Date notice given: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
| Address:   | <input type="text"/> |                        |                      |                    | D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> | Date notice given: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
| Address:   | <input type="text"/> |                        |                      |                    | D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> | Date notice given: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
| Address:   | <input type="text"/> |                        |                      |                    | D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |
| Full Name: | <input type="text"/> | Relationship to Donor: | <input type="text"/> | Date notice given: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |
|            |                      |                        |                      |                    |  |  |  |  |  |  |  |  |  |
| Address:   | <input type="text"/> |                        |                      |                    | D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |

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

Status: Point in time view as at 01/07/2015.

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 Eight - Notice of Application to Co-Attorney(s)**

Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Are all the attorneys applying to register? Yes  No  Place a cross against one option

If no, I (We) have given notice to my (our) co-attorney(s) as follows:

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

**Part Nine - Fees**

Guidelines on remission and postponement of fees can be obtained from the Office of the Public Guardian.

Have you enclosed a cheque for the registration fee for this application? Yes  No  Place a cross against one option

Do you wish to apply for postponement, exemption or remission of the fee? Yes  No  Place a cross against one option

If yes, please complete the application for exemption or remission form.

**Part Ten - Declaration**

Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.

I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Mental Capacity Act 2005.

|         |                      |        |  |
|---------|----------------------|--------|--|
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y |
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y |
| Signed: | <input type="text"/> | Dated: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y |



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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)

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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

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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 01/07/2015.

**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.