

[<sup>F1</sup>SCHEDULE 3A

Regulation 13

**Textual Amendments**

- F1** Sch. 3A inserted (1.10.2011) by [The Public Guardian \(Fees, etc.\) \(Amendment\) Regulations 2011 \(S.I. 2011/2189\)](#), reg. 1, [Sch.](#)

Repeat Application to Register a Lasting Power of Attorney: LPA 002R

**Status:** Point in time view as at 01/10/2011.

**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, SCHEDULE 3A. (See end of Document for details)

## Repeat Application to register a Lasting Power of Attorney

Issue date

*This form allows you to submit a repeat application to register a Lasting Power of Attorney (LPA), where your original LPA was invalid. The information provided in this form will be added to the information in your original application and any information from your new LPA. Please refer to the guidance contained in OPG's letter for details on how to complete this form.*

Donor's name:

Case number:

LPA type:

**Name(s) of applicant(s):**

**Correspondence details:**

**Notification of people to be told (please choose one)**

The donor did not specify any people to be told in the LPA

**or**

I/We have given notice to these people to be told on the following date(s):

First name	Surname	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"/>	<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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## FEES

Please choose one of the following.

- A cheque has been enclosed with this application.
- I would like to pay the fee with a debit or credit card.

*Please provide your number so we can telephone you to arrange payment:*

- I/We have already applied for a remission or exemption of the fees.
- I/We would like to apply for a remission or exemption now, and have enclosed the appropriate form with evidence relating to the Donor's eligibility.

## Applicant's declaration

I  We

- apply to register the Lasting Power of Attorney (the original of which accompanies this application);
- certify that the above information is correct; and
- certify that to the best of my/our knowledge and belief, I/we have completed the application in accordance with the provisions of the *Mental Capacity Act 2005* and all statutory instruments made under it.

Signed

Date

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**Status:**

Point in time view as at 01/10/2011.

**Changes to legislation:**

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