
STATUTORY INSTRUMENTS

2005 No. 3126

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

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

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

The Lord Chancellor makes the following Rules in exercise of the powers conferred by sections 106 and 108 of the Mental Health Act 1983⁽¹⁾:

Citation, commencement and interpretation

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

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

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

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

Transitional provisions

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

(1) 1983 c. 20.

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

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Signed by authority of the Lord Chancellor

8th November 2005

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

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SCHEDULE

Rule 2

Form EP2

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

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

Part One - The Donor

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

Mr Mrs Ms Miss Other

If Other, please specify here:

Place a cross against one option

Last Name:

Forename 1:

Other Forenames:

Name of Residence:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Donor Date of Birth:

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

D D M M Y Y Y Y

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

Provider details

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Part Two - Attorney One		
Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.		
Mr <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 No. (solicitors only): <input style="width: 100%;" type="text"/>	
DX Exchange (solicitors only): <input style="width: 100%;" type="text"/>		
Attorney Date of Birth: <input style="width: 100%;" type="text"/>	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"/>		
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"/>	If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 150px;" type="text"/>	
Place a cross against one option <input checked="" type="checkbox"/>		
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="" right;"="" text-align:="" type="checkbox/>):</td> </tr> <tr> <td style="/> Jointly		<input type="checkbox"/>
Jointly and Severally	<input type="checkbox"/>	
Alone	<input type="checkbox"/>	

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Part Three - Attorney Two	
Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.	
Mr <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 No. (solicitors only): <input style="width: 100%;" type="text"/>
DX Exchange (solicitors only): <input style="width: 100%;" type="text"/>	
Attorney Date of Birth: <input style="width: 100%;" type="text"/>	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"/>	
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 Four - Attorney Three	
Please state the full name and present address of the attorney. Professionals e.g. solicitors or accountants, should complete the Company Name field.	
Mr <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"/>	

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Part Four - Attorney Three cont'd	
Other Forenames:	<input type="text"/>
Company Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town/City:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
DX Exchange (solicitors only):	<input type="text"/>
DX No. (solicitors only):	<input type="text"/>
Attorney Date of Birth:	<input type="text"/>
Daytime Tel No.:	<input type="text"/>
	(STD Code): <input type="text"/>
Email Address:	<input type="text"/>
Occupation:	<input type="text"/>
Relationship to donor:	
Civil Partner/Spouse	<input type="checkbox"/>
Other Child Relation	<input type="checkbox"/>
No Relation	<input type="checkbox"/>
Other Solicitor Professional	<input type="checkbox"/>
If 'Other Relation' or 'Other Professional', specify relationship: <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 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?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Place a cross against one option <input checked="" type="checkbox"/>
If Yes, please give known details below including registration date if applicable:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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Part Six - Notice of Application to Donor																					
Notice must be given personally to the donor. It should be made clear if someone other than the attorney(s) gives the notice. The date on which the notice was given MUST be completed.																					
I (We) have given notice of the application to register in the prescribed form (EPI) to the donor personally,																					
on this date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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><td></td><td></td></tr></table>											D	D	M	M	Y	Y	Y	Y		
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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:																					
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Part Seven - Notice of Application to Relatives																																									
Please complete details of all relatives entitled to notice.																																									
Please place a cross in the box <input checked="" type="checkbox"/> if no relatives are entitled to notice: <input type="checkbox"/>																																									
I (We) have given notice to register in the prescribed form (EPI) to the following relatives of the donor:																																									
Full Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Relationship to Donor: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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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).

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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 style="width: 90%;" type="text"/> Address: <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/>	Relationship to Donor: <input style="width: 90%;" type="text"/> Date notice given: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Full Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/>	Relationship to Donor: <input style="width: 90%;" type="text"/> Date notice given: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y

Part Nine - Fees

Guidelines on remission and postponement of fees can be obtained from the Court of Protection.

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 or remission of the fee? Yes No Place a cross against one option

If yes, please give details below:

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 Enduring Powers of Attorney Act 1985 and all of the Rules and Regulations.

Signed: <input style="width: 90%;" type="text"/>	Dated: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Signed: <input style="width: 90%;" type="text"/>	Dated: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
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EXPLANATORY NOTE

(This note is not part of the Rules)

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