

SCHEDULE 1

Regulation 5

Form for instrument intended to create a Lasting Power of Attorney

Part 1: Form for instrument intended to create a property and affairs Lasting Power of Attorney

Status: This is the original version (as it was originally made).

LPA PA 10.07

Lasting Power of Attorney Property and Affairs

For official use only
Date of registration

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This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

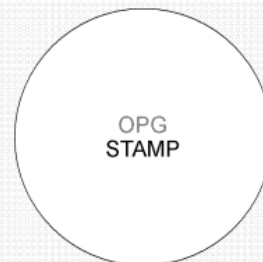
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s) will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian
Archway Tower
London N19 5SZ
0845 330 2900
www.publicguardian.gov.uk



Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

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PREScribed INFORMATION

Lasting Power of Attorney — Property and Affairs

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about spending your money and managing your property and affairs. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your personal welfare then you need a different form. You can get a Lasting Power of Attorney — Personal Welfare from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the 'Guide for people who want to make a Property and Affairs LPA'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

1. **CHOOSING YOUR ATTORNEY** Your attorney should be a person you know and trust who is at least 18 or a trust corporation. Your attorney must not be an undischarged or interim bankrupt. You can choose more than one attorney.
2. **CHOOSING MORE THAN ONE ATTORNEY** If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

Status: This is the original version (as it was originally made).

PRESCRIBED INFORMATION

- 3. CHOOSING A REPLACEMENT ATTORNEY** You can name a replacement(s) in case an attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT** Once your LPA is registered your attorney(s) can act before you lack capacity and after you lack capacity. You may restrict your attorney(s) to act only when you lack capacity in your LPA. There is no one point at which you are treated as having lost capacity to manage your property and affairs. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU** An attorney for property and affairs may make any decision that you could make about your property and affairs e.g. buy or sell property, manage investments or carry on a business and may access personal information. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. Some decisions will also involve personal welfare matters, such as a move to residential care. Your property and affairs attorney(s) will then need to consider your best interests with your attorney(s) for personal welfare (if you have one).
- 6. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS** You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going to the Court of Protection and a decision being made in your best interests.
- 7. GIVING GUIDANCE TO YOUR ATTORNEY** You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.
- 8. PAYING ATTORNEYS** An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 9. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION** You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 10. CERTIFICATE TO CONFIRM UNDERSTANDING** Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free and will, that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

PRESCRIBED INFORMATION

- 11. REGISTERING THE LPA** *Your LPA cannot be used until it has been registered with the OPG.*
Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it can be used straightaway unless you have specified that it should only be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 12. REGISTER OF LPAs** There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 13. CHANGING YOUR MIND** You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the '**Guide for people taking on the role of Property and Affairs attorney**' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate '**Certificate Providers and witness guidance**' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for property and affairs attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

Status: This is the original version (as it was originally made).

LPA PA 04.07

Lasting Power of Attorney Property and Affairs

Important

This LPA form cannot be used until it has been registered by the OPG and stamped on every page.

Before you complete this LPA form, you must read the prescribed information on pages 2, 3 and 4 and you should read the guidance produced by the OPG.

To help you complete the form, please refer to the Notes for completing an LPA — Property and Affairs.

PART A – Donor’s statement

Your details

1. My name and date of birth are:

See Note 1

Mr. Mrs. Ms. Miss Other _____

First name

Middle name(s)

Last name

Date of birth

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

Any other names you are known by or have been known by in the past (e.g. maiden name)

See Note 2

2. My contact details and e-mail are:

See Note 3

Address

Postcode

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

Telephone no.

Mobile no.

E-mail address

The details of the attorney(s) you are appointing

3. I appoint the following attorney(s) in accordance with the provisions of the Mental Capacity Act 2005:

[See Note 4](#)

Attorney

Mr. Mrs. Ms. Miss Other _____

[See Note 5](#)

First name(s)

Last name

Attorney

Mr. Mrs. Ms. Miss Other _____

First name(s)

Last name

Appointment of a trust corporation as attorney

[See Note 6](#)

Company name

Note: (You do not have to appoint a trust corporation as one of your attorneys)

Status: This is the original version (as it was originally made).

How your attorney(s) is to act for you

If you only have one attorney please cross through this page.

4. If you are appointing more than one attorney, how do you wish them to act?
(If you do not choose an option your attorneys will be appointed together)

See Note 7

together


See Note 8

together and independently

together in respect of some matters and together and independently in respect of others

If together in respect of some matters and together and independently in respect of others, details are as follows:

Replacement attorney(s)

5. I wish to appoint a replacement attorney: (You do not have to appoint a replacement attorney). 


Yes No

If Yes, I appoint the following replacement attorney:

Mr. Mrs. Ms. Miss Other _____ 

First name(s)

Last name

Restrictions on the appointment of a replacement attorney: (If you do not complete this section your first replacement will replace the first attorney who needs replacing). 

Status: This is the original version (as it was originally made).

Placing restrictions and/or conditions on the attorney(s) you are appointing

You can use this section to specify that your LPA is only to be used when you lack capacity. If you decide to specify this, you should specify anything you want the attorney(s) to do to confirm that you lack capacity to make the decision in question.

You may also use this section to place restrictions on the ability of your attorney(s) to use your property and affairs to make gifts. Any restrictions and/or conditions you set out below **must** be followed by the attorney(s).

6. I wish to place restrictions and/or conditions on my attorney(s) in relation to my property and affairs:

 [See Note 12](#)

Yes No

If Yes, the restrictions and conditions are as follows:

Guidance for your attorney(s) to consider

See Note 13

Your attorney(s) **should** consider the guidance set out below when making decisions in your best interests.

7. I wish my attorney(s) to consider the following guidance:

8. I have agreed to pay my attorney(s) a fee to act as my attorney(s):

See Note 14

Yes No

If Yes, the following is additional information about fees that I have agreed with my attorney(s):

Status: This is the original version (as it was originally made).

Notifying others when an application to register your LPA is made



9. I wish the following people, 'the named persons', to be notified when an application to register my LPA is made:

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Status: This is the original version (as it was originally made).

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|----------------|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------|
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |
| <hr/> | | | | | | |
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |

If you do not include anyone here you **must** have two certificate providers at Part B.

Status: This is the original version (as it was originally made).

10. I confirm that

I have read the prescribed information on pages 2, 3 and 4 of this LPA.

or

The prescribed information has been read to me by

See Note 16

11. I confirm that

I intend to give my attorney(s) authority to make decisions on my behalf, including in circumstances when I lack capacity subject to any restrictions I have made.

See Note 17

12. I confirm that

the persons named in paragraph 9 are to be notified when an application to register this LPA is made

See Note 18

or

I do not want anyone to be notified when an application to register this LPA is made and I understand that I need **two** people to provide a separate certificate each at Part B of this LPA.

13. I confirm that

I have chosen my certificate provider(s) myself.

See Note 19

14. Signed by me as a deed

See Note 20

15. Date signed (delivered as a deed)

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

If you are unable to sign the form, please refer to the notes for completion and turn to page 14 of this LPA.

In the presence of

16. Signature of witness

See Note 21

17. Full name of witness

18. Address of witness

Postcode

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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Status: This is the original version (as it was originally made).

If you are unable to sign or make a mark, then you must ask someone else to sign for you in your presence and the presence of two witnesses. Please refer to notes 22 and 23.

I am signing this LPA at the donor's direction and in the donor's presence:

See Note 22

19. Signed as a deed

20. Date signed (delivered as a deed)

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

21. Full name

22. Address

Postcode

In the presence of

23. Signature of witness

See Note 23

24. Full name of witness

25. Address of witness

Postcode

26. Signature of witness

27. Full name of witness

28. Address of witness

Postcode

Status: This is the original version (as it was originally made).

PART B – Certificate provider’s statement

See Note 24

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate?

See Note 25

A certificate provider must not be:

- a member of the donor’s or attorney’s family
- a business partner or paid employee of the donor or attorney(s)
- an attorney appointed in this form or another LPA or any EPA made by the donor
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member or partner
- a director or employee of a trust corporation appointed as an attorney in this LPA.

You, the certificate provider, **must** read Part A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate ‘Certificate provider and witness guidance’ produced by the OPG before completing the certificate. You must discuss the LPA with the donor without the attorney(s) present.

See Note 26

I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section ‘Who cannot provide a certificate?’.

See Note 27

I am aged 18 or over.

See Note 28

The certificate provider

Name and contact details of certificate provider

Mr. Mrs. Ms. Miss Other _____

See Note 29

First name

Middle name(s)

Last name

Address

Postcode

Telephone no.

See Note 30

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Category of certificate provider – choose from category A or B – do not complete both  [See Note 31](#)

Category A – Knowledge certification  [See Note 32](#)

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification  [See Note 33](#)


I am:

- | | |
|--|---|
| <input type="checkbox"/> a registered healthcare professional (includes GP) | <input type="checkbox"/> a barrister, solicitor or advocate |
| <input type="checkbox"/> a registered social worker | <input type="checkbox"/> an Independent Mental Capacity Advocate (IMCA) |


none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4.  [See Note 34](#)

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.  [See Note 35](#)


I understand that I should make efforts to discuss this LPA with the donor without anyone present; and  [See Note 36](#)

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor.  [See Note 37](#)

Status: This is the original version (as it was originally made).

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

◀ See Note 30

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

◀ See Note 30

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

Full name of certificate provider

Additional certificate provider's statement

This additional certificate only needs to be completed if there are no notified persons listed in the LPA.

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate? See Note 40

A certificate provider must not be:

- a member of the donor's or attorney's family
- a business partner or paid employee of the donor or attorney(s)
- an attorney appointed in this form or another LPA or any EPA made by the donor
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member or partner
- a director or employee of a trust corporation appointed as an attorney in this LPA.

You, the certificate provider, **must** read Part A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate '**Certificate provider and witness guidance**' produced by the OPG before completing the certificate. You must discuss the LPA with the donor without the attorney(s) present.

I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'.

I am aged 18 or over.

The certificate provider

Name and contact details of certificate provider

Mr. Mrs. Ms. Miss Other _____

First name

Middle name(s)

Last name

Address

Postcode

Telephone no.

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Status: This is the original version (as it was originally made).

Category of certificate provider – choose from category A or B – do not complete both

Category A – Knowledge certification

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification

I am:

a registered healthcare professional
(includes GP)

a barrister, solicitor or advocate

a registered social worker

an Independent Mental Capacity Advocate (IMCA)

none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4.

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor.

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of additional certificate provider

Date signed

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

Full name of additional certificate provider

Status: This is the original version (as it was originally made).

PART C – Attorney's statement (Every attorney must complete a copy of this Part)

See Note 41

29. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 42

First name

Middle name(s)

Last name

Date of birth

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

Telephone no. Mobile

E-mail address

See Note 43

30. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me.

See Note 44

31. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act.

See Note 45

32. I am not an undischarged bankrupt or an interim bankrupt.

See Note 46

33. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian.

See Note 47

34. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate)

See Note 48

35. Date signed (delivered as a deed)

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

In the presence of

36. Signature of witness

See Note 49

37. Full name of witness

38. Address of witness

Postcode

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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

PART C – Attorney's statement (Every attorney must complete a copy of this Part) [See Note 41](#)

29. My contact details and date of birth are:

Attorney
 Mr. Mrs. Ms. Miss Other _____ [See Note 42](#)

First name

Middle name(s)

Last name

Date of birth

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

Telephone no. Mobile [See Note 43](#)

E-mail address [See Note 43](#)

30. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. [See Note 44](#)

31. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act. [See Note 45](#)

32. I am not an undischarged bankrupt or an interim bankrupt. [See Note 46](#)

33. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian. [See Note 47](#)

34. Signed by me as a deed (*You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate*) [See Note 48](#)

35. Date signed (delivered as a deed)

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

In the presence of

36. Signature of witness [See Note 49](#)

37. Full name of witness

38. Address of witness

Postcode

| | | | | | | | |
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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

22 Lasting Power of Attorney – Property and Affairs

Status: This is the original version (as it was originally made).

PART C – Attorney's statement – Trust Corporation See Note 50

(This section only needs to be completed where the donor has chosen a trust corporation to be an attorney)

49. Name and address of a trust corporation See Note 51

A trust corporation

| | | |
|--------------------------|----------------------|--|
| Company name | <input type="text"/> | Company seal (if applicable) <div style="border: 1px solid black; height: 100px;"></div> |
| Address | <input type="text"/> | |
| Postcode | <input type="text"/> | |
| Company Registration no. | <input type="text"/> | |

50. I have read the prescribed information on pages 2, 3 and 4 or had the prescribed information read to me. See Note 52

51. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act.

This should not be executed until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate. See Note 53

Note: The statements above are made by the trust corporation not the individuals above.

Lasting Power of Attorney — Property and Affairs 23

PART C – Replacement Attorney’s statement

See Note 54

(To be completed by a replacement attorney if appointed. Only complete this if you are a replacement attorney chosen at paragraph 5.)

52. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 55

First name

Middle name(s)

Last name

Date of birth

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

Telephone no. Mobile

E-mail address

See Note 56

53. I have read the prescribed information on pages 2, 3 and 4 or had the prescribed information read to me.

See Note 57

54. I understand that if an original attorney’s appointment is terminated I will replace the original attorney if I am still eligible to act as an attorney.

See Note 58

55. I understand that I do not have the authority to act under this LPA until such time as a relevant attorney’s appointment is terminated.

See Note 59

56. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under the Act.

See Note 60

57. I am not an undischarged bankrupt or an interim bankrupt.

See Note 61

58. I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian.

See Note 62

59. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 14 and the certificate provider has signed the certificate).

See Note 63

60. Date signed (delivered as a deed)

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

(Continued over the page)

Status: This is the original version (as it was originally made).

In the presence of

61. Signature of witness [See Note 64](#)

62. Full name of witness

63. Address of witness

Postcode

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Lasting Power of Attorney — Property and Affairs 25

Part 2: Form for instrument intended to create a personal welfare Lasting Power of Attorney

LPA PW 10.07

Lasting Power of Attorney Personal Welfare

For official use only

Date of registration

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf where you lack capacity to make those decisions yourself. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

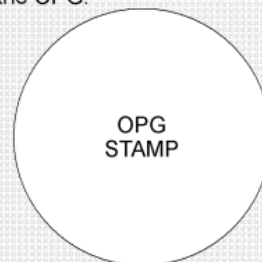
- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s) will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian
Archway Tower
London N19 5SZ
0845 330 2900
www.publicguardian.gov.uk



Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

Status: This is the original version (as it was originally made).

PRESCRIBED INFORMATION

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about your personal welfare including your healthcare, if you lack capacity to make those decisions. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your property and affairs then you need a different form. You can get a Lasting Power of Attorney — Property and Affairs from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the '**Guide for people who want to make a personal welfare LPA**'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

1. **CHOOSING YOUR ATTORNEY** Your attorney should be a person you know and trust who is at least 18. You can choose more than one attorney.
2. **CHOOSING MORE THAN ONE ATTORNEY** If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA form, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

PRESCRIBED INFORMATION

- 3. CHOOSING A REPLACEMENT ATTORNEY** You can name a replacement(s) in case an attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT** An attorney for personal welfare can only act when you lack the capacity to make a particular decision yourself. There is no one point at which you are treated as having lost capacity to make decisions about your personal welfare. You may have capacity to make some decisions but not others; for example, you may be able to decide what to wear but not to consent to an operation. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU** An attorney for personal welfare may make any decision that you could make about your welfare e.g. where you live and with whom, accessing your personal information like medical records, deciding what you wear, what you eat and how you spend your day. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. They will also be able to give and refuse consent to medical treatment according to your best interests. Your attorney(s) will only be able to make these decisions where you lack capacity to make them yourself. Some decisions will also involve property and affairs, such as a move to residential care. Your personal welfare attorney(s) will then need to consider your best interests with your attorney(s) for property and affairs (if you have one).
- 6. LIFE-SUSTAINING TREATMENT** Your attorney(s) cannot make decisions about life-sustaining treatment for you unless you expressly state that in your LPA. Life-sustaining treatment means any treatment that a doctor considers necessary to sustain your life. Life-sustaining treatment is not a category of treatment. Whether or not a treatment is life-sustaining will depend on the circumstances of a particular situation. Some treatments will be life-sustaining in some situations but not in others; the important factor is if the treatment is needed to keep you alive. In the LPA you must specify whether you are giving your attorney(s) this power.
- 7.** If you do not say that your attorney(s) can make decisions about life-sustaining treatment, the doctor in charge of your treatment will make the decision in your best interests. Where practicable and appropriate, your doctor will take into account the views of your attorney(s) and other people interested in your welfare as part of the best interests assessment. This is what happens in all cases where there is nobody authorised to take decisions on your behalf. However, if you have a separate valid and applicable advance decision, that should be followed by the doctor.
- 8. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS** You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going back to your doctor or care worker or the Court of Protection and a decision being made in your best interests.
- 9. GIVING GUIDANCE TO YOUR ATTORNEY** You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

3

Status: This is the original version (as it was originally made).

PRESCRIBED INFORMATION

- 10. PAYING ATTORNEYS** An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 11. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION** You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 12. CERTIFICATE TO CONFIRM UNDERSTANDING** Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free will, and that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.
- 13. REGISTERING THE LPA** *Your LPA cannot be used until it has been registered with the OPG.* Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it is ready to be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 14. REGISTER OF LPAs** There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 15. CHANGING YOUR MIND** You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the '**Guide for people taking on the role of Personal Welfare attorney**' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate '**Certificate Providers and witness guidance**' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for personal welfare attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

LPA PW 04.07

Lasting Power of Attorney – Personal Welfare

Important

This LPA form cannot be used until it has been registered by the OPG and stamped on **every** page.

Before you complete this LPA form, you must read the prescribed information on pages 2, 3 and 4 and you should read the guidance produced by the OPG.

To help you complete the form, please refer to the Notes for completing an LPA – Personal Welfare.

PART A – Donor’s statement

Your details

1. My name and date of birth are:

See Note 1

Mr. Mrs. Ms. Miss Other

First name

Middle name(s)

Last name

Date of birth

Any other names you are known by or have been known by in the past
(e.g. maiden name)

See Note 2

2. My contact details are:

See Note 3

Address

Postcode

Telephone no.

Mobile no.

E-mail address

Status: This is the original version (as it was originally made).

The details of the attorney(s) you are appointing

3. I appoint the following attorney(s) in accordance with the provisions of the Mental Capacity Act 2005:

See Note 4

Attorney

Mr. Mrs. Ms. Miss Other _____

See Note 5

First name(s)

Last name

Attorney

Mr. Mrs. Ms. Miss Other _____

First name(s)

Last name

How your attorney(s) is to act for you

If you only have one attorney please cross through this part.

4. If you are appointing more than one attorney, how do you wish them to act?

See Note 6

(If you do not choose an option your attorneys will be appointed together)

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

See Note 7

If together in respect of some matters and together and independently in respect of others, details are as follows:

Replacement attorney(s)

5. I wish to appoint a replacement attorney: (You do not have to appoint a replacement attorney). [See Note 8](#)

Yes No

If Yes, I appoint the following replacement attorney:

Mr. Mrs. Ms. Miss Other

[See Note 9](#)

First name(s)

Last name

Restrictions on the appointment of a replacement attorney: (If you do not complete this section your first replacement will replace the first attorney who needs replacing). [See Note 10](#)

Status: This is the original version (as it was originally made).

Life-sustaining treatment

6. You **must** choose **one** of the two options below:

If you cannot sign or make a mark, please read the notes for completion.

See Note 11

Option A

I want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

Date signed

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

Option B

I **do not** want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

Date signed

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

In the presence of

See Note 12

Signature of witness

Full name of witness

Address of witness

Postcode

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

Placing restrictions and/or conditions on the attorney(s) you are appointing

Any restrictions and/or conditions you set out below **must** be followed by the attorney(s). For example, if you have given your attorney(s) powers with regard to life-sustaining treatment you can comment further here about any restrictions you want to add.

7. I wish to place restrictions and/or conditions on my attorney(s) in relation to my personal welfare:

See Note 13

Yes No

If Yes, the restrictions and conditions are as follows:

Status: This is the original version (as it was originally made).

Guidance for your attorney(s) to consider

See Note 14

Your attorney(s) **should** consider the guidance set out below when making decisions in your best interests.

8. I wish my attorney(s) to consider the following guidance:

9. I have agreed to pay my attorney(s) a fee to act as my attorney(s):

See Note 15

Yes No

If Yes, the following is additional information about fees that I have agreed with my attorney(s):

Notifying others when an application to register your LPA is made

See Note 16

10. I wish the following people, 'the named persons', to be notified when an application to register my LPA is made:

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

Status: This is the original version (as it was originally made).

| | | | | | | |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------|
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |
| <hr/> | | | | | | |
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | _____ |
| Full name | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone no. | <input type="text"/> | | | | | |
| E-mail address | <input type="text"/> | | | | | |
| <p>If you do not include anyone here you must have two certificate providers at Part B.</p> | | | | | | |

Status: This is the original version (as it was originally made).

11. I confirm that I have read the prescribed information on pages 2, 3 and 4 of this LPA See Note 17
or
 the prescribed information has been read to me by

12. I confirm that I give my attorney(s) authority to make decisions on my behalf in circumstances when I lack capacity. See Note 18

13. I confirm that I have chosen between Option A and option B with regard to life-sustaining treatment in paragraph 6 of this LPA. See Note 19

14. I confirm that the person(s) named in paragraph 10 are to be notified when this LPA is registered See Note 20
or
 I do not want anyone to be notified when an application to register this LPA is made and I understand that I need two people to provide a separate certificate each at Part B of this LPA.

15. I confirm that I have chosen my certificate provider(s) myself. See Note 21

16. Signed by me as a deed See Note 22

17. Date signed (delivered as a deed)

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

If you are unable to sign the form, please refer to the notes for completion and turn to page 14 of this LPA.

In the presence of

18. Signature of witness See Note 23

19. Full name of witness

20. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

Status: This is the original version (as it was originally made).

If you are unable to sign or make a mark, then you must ask someone else to sign for you in your presence and the presence of two witnesses. Please refer to notes 24 and 25.

I am signing this LPA at the donor's direction and in the donor's presence and I confirm [See Note 24](#) that I have signed at paragraph 6 according to the donor's direction.

21. Signed as a deed

22. Date signed (delivered as a deed)

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

23. Full name

24. Address

Postcode

In the presence of [See Note 25](#)

25. Signature of witness

26. Full name of witness

27. Address of witness

Postcode

28. Signature of witness

29. Full name of witness

30. Address of witness

Postcode

PART B - Certificate provider's statement

Who can provide a certificate?
The donor and those persons they have known personally over the last two years (category A) or someone who, because of their personal relationship with an applicant, can verify their fitness able to provide the certificate (category B).
Note: Category B providers are irrevocably charged in law for providing this certificate.

Who cannot provide a certificate?
A certificate provider must not be:
- a member of the donor's or attorney's family,
- a business partner or paid employee of the donor or attorney's,
- an attorney appointed in this form or another LPA or any LPA made by the donor.
- The donor, donor's attorney, or an employee of a care home in which the donor lives or has recently lived.

You, the certificate provider, must read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate "Certificate provider and witness guidelines" enclosed by the CPO before completing the certificate. You must discuss the LPA with the donor without the attorney's consent.

I confirm that I am acting independently of the person making this LPA (the donor) and the persons appointed under the LPA and in particular I am not a person listed in the above section "Who cannot provide a certificate?".

I am aged 18 or over.

The certificate provider

Name and contact details of the certificate provider

Mr Mrs Ms Miss Other

First name:

Initials:

Last name:

Address:

Postcode:

Telephone no:

Mobile no:

E-mail address:

The CPO may need to contact you to verify the information you provide.

Leading Practice of Advocacy - Personal Welfare 40

Status: This is the original version (as it was originally made).

Category of certificate provider – choose from category A or B – do not complete both. See Note 33

Category A – Knowledge certification See Note 34

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification See Note 35

I am:

- a registered healthcare professional (includes GP) a barrister, solicitor or advocate
- a registered social worker an Independent Mental Capacity Advocate (IMCA)
- none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4. See Note 36

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present. See Note 37

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and See Note 38

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor. See Note 39

Core certification

I certify

See Note 40

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

See Note 41

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

Full name of certificate provider

Status: This is the original version (as it was originally made).

Additional certificate provider's statement Close

This additional certificate only needs to be completed if there are no further persons listed in the LPA.

Who can provide a certificate?
The donor and those persons they have named previously under the last year's Certificate of Suitability or someone who, because of their personal or professional skills and experience, considers themselves able to provide the certificate (Category 2).

Who CANNOT provide a certificate?
A certificate provider must not be:
- a member of the donor's or attorney's family
- a business partner or joint employee of the donor or attorney(s)
- an attorney appointed in this form or another LPA or any LPA made by the donor
- the donor, donor's attorney, or an employee of a care home in which the donor lives or their family member.

You, the certificate provider, must read Part 4 and 8 of this LPA, and the personalised information on pages 2, 3, and 4. You should also read the separate 'Certificate provider and witness guidance' produced by the OPG before completing the certificate. You must discuss the LPA with the donor and without the attorney's present.

confirm that I am acting independently of the person making the LPA (the donor) and the person(s) appointed under the LPA and I understand I am not a person named in the above section 'who cannot provide a certificate'?

am aged 18 or over

The certificate provider

Name and contact details of certificate provider

Mr Mrs Ms Miss Other

First name

Initials (optional)

Last name

Address

Postcode

Telephone no.

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

48 Loading Form of Wills - Personal Wills

Category of certificate provider – choose from category A or B – do not complete both

Category A – Knowledge certification

I have known the donor personally over the last two years.

How do you know them?

Category B - Skills certification

I am:

a registered healthcare professional
(includes GP)

a barrister, solicitor or advocate

a registered social worker

an Independent Mental Capacity Advocate (IMCA)

none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4.

I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.

I understand that I should make efforts to discuss this LPA with the donor without anyone present; and

I have discussed this LPA with the donor without anyone else present

or

I have discussed this LPA with the donor in the presence of:

because

I confirm that I am completing this certificate straight after discussing this LPA with the donor.

Status: This is the original version (as it was originally made).

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

- the donor understands the purpose of this LPA and the scope of the authority under it;
- no fraud or undue pressure is being used to induce the donor to create this LPA; and
- there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

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

Full name of certificate provider

PART C – Attorney’s statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____ See Note 44

First name

Middle name(s)

Last name

Date of birth

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

Telephone no. Mobile

E-mail address See Note 45

32. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. See Note 46

33. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act. See Note 47

34. I understand that I cannot act until this form has been registered by the Public Guardian. See Note 48

35. I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity. See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate) See Note 50

37. Date signed (delivered as a deed)

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

In the presence of See Note 51

38. Signature of witness

39. Full name of witness

40. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

Status: This is the original version (as it was originally made).

PART C – Attorney’s statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

Mr. Mrs. Ms. Miss Other _____ See Note 44

First name

Middle name(s)

Last name

Date of birth

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

Telephone no. Mobile See Note 45

E-mail address

32. I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me. See Note 46

33. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act. See Note 47

34. I understand that I cannot act until this form has been registered by the Public Guardian. See Note 48

35. I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity. See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate) See Note 50

37. Date signed (delivered as a deed)

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

In the presence of See Note 51

38. Signature of witness

39. Full name of witness

40. Address of witness

Postcode

Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.

PART C – Replacement attorney's statement

This is completed by a replacement attorney if appointed. Only complete this if you are a replacement attorney chosen at paragraph 1.

41. My contact details and title of office are:

attorney

Mr. Mrs. Ms. Miss Other _____

Forename _____

Middle name _____

Last name _____

Date of birth _____

Telephone no. _____ Mobile _____

E-mail address _____

42. I have read the attached information on pages 2, 3 and 4 or have had the attached information read to me.

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

44. I understand that I do not have the authority to act under this LPA until such time as a current attorney's appointment is terminated.

45. I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty of care required by the Code of Practice issued under that Act.

46. I understand that I cannot act under this Lasting Power of Attorney until the form has been registered by the Public Guardian.

47. I understand that I cannot act until the donor has capacity.

48. Signed by the attorney (This must not be signed until after the donor has signed in paragraph 18 and the certified provider has signed the certificate)

49. Date signed (shown as a month) _____

Lasting Power of Attorney – Personal Welfare 24

Status: This is the original version (as it was originally made).

In the presence of

See Note 62

50. Signature of witness

51. Full name of witness

52. Address of witness

Postcode

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.