STATUTORY INSTRUMENTS

## 2009 No.1884

# **MENTAL CAPACITY, ENGLAND AND WALES**

The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009

Made	14th July 2009
Laid before Parliament	15th July 2009
Coming into force	1st October 2009

The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 58(3), 64(1) and 65(1)(b) of, and Schedule 1 to, the Mental Capacity Act 2005(1):

## Citation, commencement and interpretation

**1.**—(1) These Regulations may be cited as the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009 and shall come into force on 1 October 2009.

(2) In these Regulations, a reference to "the Schedule" is a reference to Schedule 1 of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007(2).

## Amendment of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007

**2.** The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 shall be amended as follows.

3. In regulation 18(2)(a) (changes to instrument registered as lasting power of attorney) omit "of".

**4.** In regulation 32(6) (disclosure of additional information held by the Public Guardian), in the opening words, after "information" insert "relating".

**5.** For Schedule 1 (form for instrument intended to create a lasting power of attorney) substitute the Schedule to these Regulations.

<sup>(1) 2005</sup> c.9.

<sup>(2)</sup> S.I. 2007/1253 to which there are amendments not relevant to these Regulations.

## **Transitional provisions**

**6.** An instrument executed by the donor before 1 April 2011 in one of the forms prescribed in the Schedule as though it had not been substituted by these Regulations shall be capable, whether or not it has been registered by the Public Guardian, of being a valid lasting power of attorney.

Signed by authority of the Lord Chancellor

Bridget Prentice Parliamentary Under-Secretary of State Ministry of Justice

14th July 2009

## SCHEDULE

Regulation 5

Form for Instrument Intended to Create a Lasting Power of Attorney

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

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	IPG reference	
		Public Guardian
		Checklist
	asting power of attorney –	See the information sheet for guidance on all the people involved
_	roperty and financial affairs	Part A: about you, the attorneys you are appointing, and people
Thi beł	s lasting power of attorney allows you to choose people to act on your half (as an attorney) and make decisions about your property and	to be told How many attorneys are you
lf y	ancial affairs, when you are unable to make decisions for yourself. ou also want someone to make decisions about your health and welfare,	appointing? Write in words.
	i will need a separate form (downloadable from our website or call 00 456 0300).	How many replacement attorneys are you appointing? Write in words
	no can fill it in? yone aged 18 or over, who has the mental capacity to do so.	or write 'None' if this does not apply.
	fore you fill in the lasting power of attorney: Please read the guidance available at publicguardian.gov.uk or by	How many people to be told are you choosing? Write in words from
	calling 0300 456 0300. See, for example, the Lasting power of attorney creation pack or other relevant guidance booklets which are all available online or by post.	Wone' to 'five'. If 'None' you must have two certificate providers in part B.
	Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.	Part B: about your certificate providers
з.	Read the separate Information sheet to understand all the people involved, and how the three parts of the form should be filled in.	How many certificate providers
4.	Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called Information you must read before filling in their relevant part.	do you have? (Tick one box) One OR Two
		If you have used any continuation sheets each one must be signed and dated.
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#### Page 2 of 11

## Information you must read

This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

### Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your property and financial affairs when you cannot make your own decisions. This can include running your bank accounts and savings accounts, decisions about making or selling investments and selling property, and spending your money.

#### When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can make decisions for you as soon as this lasting power of attorney is registered – both when you have mental capacity and when you lack mental capacity, unless you put a restriction in this lasting power of attorney.

#### The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso. co.uk or read it online at publicguardian.gov.uk

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

- 1 Your attorneys must assume that you can make your own
- decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

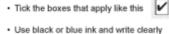
#### Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your welfare. Any guidance you add may assist your attorneys in identifying your views.

#### Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at publicguardian.gov.uk Lasting power of attorney for property and financial affairs

### How to fill in this form



- · Cross through any boxes or sections that
- don't apply to you, like this:

Any other names you are known by in financial documents or accounts

 Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial documents or accounts WIIIITAM FDWARD CMATTH

A.S.B / W.E.S. SMYTH

 Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

#### What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at **publicguardian.gov.uk** 

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will end if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at publicguardian.gov.uk



Valid only with Office of the Public Guardian stamp

0300 456 0300 publicguardian.gov.uk

Part A Declaration by the perso	on who is giving this lasting power of attorn
Yease write clearly using black or blue ink.	
1 About the person who is giving this lasting pov	ver of attorney
Mr Mrs Ms Miss Other title	Address and postcode
Last name	Postcode
Date of birth	Any other names you are known by in financial documents or accounts
2 About the attorneys you are appointing	are through this section and so to $24 \rightarrow$
You are recommended to read the separate guidance for for property and financial affairs. • Your attorney must not be bankrupt. Your first or only attorney Mr Mrs Ms Miss Other title	Your second attorney Please cross through this section if it does not apply. Mr Mrs Ms Miss Other title
First names of your first or only attorney	First names of your second attorney
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re you appointing this trust corporation to act as an attorney, or replacement attorney? About appointing replacements if an attorney can no longer act If you are appointing a trust corporation as replacement attorney, cross through this section. You are appointing a trust corporation as replacement attorney, cross through this section. You are appoint replacement attorneys Replacement attorneys will only act once your attorney can no longer act for you. You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, bankrupt, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved. You do not have to appoint any replacements. If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act. <b>our first or only replacement attorney</b> <i>Please</i> cross through this section if it does not apply. In Mins Ms Miss Other title ast name of your first or only replacement <b>ast name of your first or only replacement</b> <b>Postcode</b> <b>Postcode</b>	About the trust corporation you are appointing Pla	ase cross through this section if it does not apply.
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Thinking about how you want your attorneys to make decisions	Choosing which decisions must be made together and which decisions may be made
If you leave this section blank, your attorneys will be appointed to make all decisions jointly.	separately – how this will work in practice • Please make your intentions clear about how your
<ul> <li>Jointly: this means that the attorneys must make all decisions together.          → For further information on appointing your attorneys jointly, see the separate guidance.     </li> </ul>	attorneys are to make decisions about running bank accounts and savings accounts, making or selling investments and selling property, and spending your money.
<ul> <li>Jointly and severally: this means that attorneys can make decisions together and separately. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.</li> </ul>	<ul> <li>Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if, for example, a bank or building society account cannot be operated as you wish.</li> </ul>
<ul> <li>Jointly for some decisions, and jointly and severally for other decisions: this means that your attorneys must make certain decisions together and may make certain decisions separately. You will need to set out below how you want this to work in practice.</li> </ul>	
How you want your attorneys to make decisions	
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5 About restrictions and conditions	
Putting restrictions and conditions	
into words	Restrictions and conditions about property and financial affair
<ul> <li>You should read the separate guidance for examples of conditions and restrictions that will not work in practice.</li> </ul>	
<ul> <li>Your attorneys must follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.</li> </ul>	
<ul> <li>Either: give any restrictions and conditions about property and financial affairs here</li> </ul>	
<ul> <li>Or: if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.</li> </ul>	If you need more space, use continuation sheet A2
6 About guidance to your attorneys	
Putting guidance into words	Guidance to your attorneys about property and financial affairs
<ul> <li>Any guidance you add may help your attorneys to identify your views. You do not have to add any.</li> </ul>	
<ul> <li>Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.</li> </ul>	
<ul> <li>Either: Give any guidance about property and financial affairs here</li> <li>Or: if you have no guidance to add, please cross through this box.</li> </ul>	
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7 About paying your attorneys	
Professional charges	
<ul> <li>Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You should discuss payment with your attorneys and record any agreement made here to avoid any confusion later.</li> </ul>	Charges for services
<ul> <li>You can choose to pay non- professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses</li> </ul>	If you need more space, use continuation sheet A2
	→ For further information on paying attorneys, please see the separate guidance.
Helpline	only with Office of the Public Guardian stamp
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For your protection you can choose up to five people to be told when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections before this lasting power of attorney is registered and can be used.         O       You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.         The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.         The first or only person to be told         Prease cross through this section if it does not apply.         Mr       Mrs         Mrs       Miss         Of first or only person to be told         Prease cross through this section if it does not apply.         Mr       Mrs         Mrs       Miss         Address and postcode of first or only person to be told         Postcode       Postcode         Postcode       Postcode         Postcode       Postcode         Prease cross through this section if it does not apply         The people to be told         Postcode       Postcode         Postcode       Postcode	8 About people to be told when the application	n to register this lasting power of attorney is made
registered. This gives people who know you well an opportunity to raise any concerns or objections before this lasting power of attorney is registered and can be used. • You do not have to choose anyone. But if you leave this section blank, you must choose two people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A. The first or only person to be told "Base cross through this section if it does not apply. If Mrs Ms Miss Other title "Base cross through this section if at does not apply. If Mrs Ms Miss Other title Base cross through this section if at does not apply. If Mrs Ms Miss Other title Base cross through this section is be told Base cross through this section if at does not apply. If Mrs Ms Miss Other title Base cross through this section to be told Base cross through this section if at does not apply. If Postcode of first or only person to be told Base cross through this section if at does not apply. If Postcode of first or only person to be told Base cross through this section if at does not apply. If Us about other people to be told on continuation sheet A1. Authers of other people to be told on continuation sheet A1. Authers of other people to be told on continuation theet A1 attached to this lasting power of attorney. If Use about other people to be told on continuation theet A1 attached to this lasting power of attorney. Material Section if a does not apply. Material Base cross through this section if at does not apply. If Use about other people to be told on continuation theet A1 attached to this lasting power of attorney. Material Base cross through this section if at does not apply. Material Base cross through this section if at does not apply. Material Base cross through this section if at does not apply. Material Base cross through this section if at does not apply. Material Base cross through this section if at does not apply. Material Base cross through this section if at does not apply. Material Base cross through thi	Thinking about people to be told	
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Address and postcode of first or only person         o be told         Postcode		
Address and postcode of first or only person         o be told         Postcode	Last name of first or only person to be toki	Last name of second person to be told
o be told       to be told         Postcode       Postcode         Postoce       Postcode         Pos	ways make of mot or only person to be tow	
o be told       to be told         Postcode       Postcode         Postoce       Postcode         Pos		
Postcode Pos	Address and postcode of first or only person	Address and postcode of second person
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9 Declaration by the person who is giving this lasting	power of attorney
Before signing please check that you have:	People to be told when the application to register
filled in every answer that applies to you	this lasting power of attorney is made
crossed through blank boxes that do not apply to you     filled in any continuation sheets	I have chosen the people to be told, and have chosen
crossed through any mistakes you have made	one person to sign the certificate of understanding at part B.
initialled any changes you have made.	
No changes may be made to this lasting power of	OR
attorney and no continuation sheets may be added after part A has been filled in and signed. If any change	I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.
appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.	If you cannot sign this lasting power of attorney you can make a mark instead.
niade to register it.	If you cannot sign or make a mark use
By signing (or marking) on this page, or by	Continuation sheet A3:PFA →
directing someone to sign continuation sheet A3:PFA, I confirm all of the following:	Signed (or marked) by the person giving this
	lasting power of attorney and delivered as a deed
Statement of understanding	Sign with usual signature
I have read or had read to me:	
<ul> <li>the section called 'Information you must read' on page 2</li> </ul>	
<ul> <li>all information contained in part A and any continuation sheets to part A of this lasting power</li> </ul>	
of attorney.	Date signed or marked
I appoint and give my attorneys authority to make	
decisions about my property and financial affairs,	
including when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting	Bign (or mark) and date each continuation shee at the same time as you sign (or mark) part A.
power of attorney and to the provisions of the Mental	You must sign (or mark) and date part A here
Capacity Act 2005.	before parts B and C are signed and dated.
The witness should be independent of you and:	Witnessed by
Must be 18 or over.	Signature of witness
<ul> <li>Cannot be an attorney or replacement attorney named at part A or any continuation sheets to</li> </ul>	
this lasting power of attorney or the employee of	
any trust corporation named as an attorney or	
replacement attorney.	Full names of witness
Can be a certificate provider at part B.     Can be a certificate provider at part B.	
<ul> <li>Can be a person to be told when the application to register this lasting power of attorney is made.</li> </ul>	
Must initial any changes made in Part A.	Address and postcode of witness
	Postcode
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	of the Parkin Counting stores
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Call L D provider: certificate to c	
Your certificate provider fills in, signs and dates this part.	
Declaration by the person who is signing this certific	cate
Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it. In part A (section 8) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = one certificate provider fills in this part and the second certificate provider must fill in continuation sheet B power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney, incording the second certificate provider fills in this part Busing power of attorney.	How you formed your opinion Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it. If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion. Statement of personal knowledge or relevant professional skills Please cross through the box that does not apply. EITHER I have known the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:
including any continuation sheets. I have read the section called 'Information you must read' on page 2 of this lasting power of attorney. I understand my role and responsibilities as a certificate provider.	
Statement of acting independently	
I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.	OR
<ul> <li>an not:</li> <li>an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor</li> <li>a family member related to the donor or any of their other and a statements of the donor or any of their</li> </ul>	I have relevant professional skills. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)
<ul> <li>attorneys or replacements</li> <li>a business partner or paid employee of the donor or any of their attorneys or replacements</li> </ul>	My profession and particular skills are:
<ul> <li>the owner, director, manager or employee of a care home that the donor lives in, or a member of their family</li> <li>a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney.</li> </ul>	
	Continues over
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	this certificate (continued)
Things you certify I certify that, in my opinion, at the time of signing part A • the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it • no fraud or undue pressure is being used to induce	Name and address of the person who is signing this certificate Mr Mrs Ms Miss Other title First names of certificate provider
the donor to create this lasting power of attorney there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form. Your signature Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this	Last name of certificate provider Address and postcode of certificate provider
part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.	Postcode
<u>, , , , , , , , , , , , , , , , , , , </u>	
Helpline Valid only with 0	ffice of the Public Guardian stamp

		g replacement attorneys: photocopy
	s filled in so that each attorney ha	
Statement by the attor • The attorney or replace • Before a replacement or original lasting power of By signing below, I co Understanding of role I have read the section or read' on page 2 of this la I understand my role and lasting power of attorney • I have a duty to act ba Mental Capacity Act C Mental Capacity Act C • I can make decisions power of attorney has • I must make decisions the person who is givi • I can spend money to or on customary occas amounts • I have a duty to keep a and produce them to t and/or to the Court of Further statement of rol If an original attorney's ap replace the original attorney.	ney or replacement attorney wi ment attorney must not be bankru- san act for you, they must get in to if attorney form. They will get guids infirm all of the following: and responsibilities alled 'Information you must sting power of attorney. responsibilities under this in particular: sed on the principles of the 005 and have regard to the ode of Practice and act only when this lasting been registered and act only when this lasting been registered and act in the best interests of ing this lasting power of attorney make gifts but only to charities sions and for reasonable accounts and financial records the Office of the Public Guardian Protection on request.	ho is signing this declaration
attorney only after an ori is terminated and I have the event.	ginal attorney's appointment notified the Public Guardian of	
part A or in continuation of attorney	over 18 and can be: lacement attorney named at n sheet A to this lasting power part B of this lasting power of	Signature of witness
attorney.	an the application to register	Full name of witness
The donor cannot be a w	itness. a attorney or replacement	Address and postcode of witness
		Postcode

Make copies of this sheet before filling it in if you need n		meys, or people to be told.
About the additional people	nore than one sheet.	
For each additional person, provide the following details • Whether you want them to act as an attorney, replacement attorney or person to be told O If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration • Their title, full name, address (including postcode) • Their date of birth	For example: • Third attorney • Mr John Smith, • 38 London Street, Posttown, PC6 9ZZ • 19 January 1960	or: • Second replacement attorney • Mrs Susan Jones • 27 Lincoln Road, Posttown, PC7 9XX • 12 December 1962
About you Name of person who is giving this lasting power of attorney Date signed or marked		(or signed by the direction this lasting power of attorne
Name of person who is giving this lasting power of attorney		

	attorneys make decisions jointly and , guidance, payment
Only use this continuation sheet to provide further addit Make copies of this sheet before filling it in if you need	ional information about how you want your attorneys to a more than one sheet.
About the additional information	
For each additional piece of information you are pro	ouiding, state whether it relates to:
<ul> <li>Which decisions your attorneys should make jointly and decisions they should make jointly and severally (only if</li> </ul>	which
Restrictions and conditions	una applica)
Guidance to your attorneys	
Paying your attorneys	
r uying you auomeys	
n concern de la bolicite de concerne de la bolicite de concerne de la bolicite de concerne de la bolicite de concerne	
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction
	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorn
Name of person who is giving this lasting power	
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney Date signed or marked	
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney Date signed or marked	
Name of person who is giving this lasting power of attorney Date signed or marked D <sup>'</sup> D <sup>'</sup> M <sup>'</sup> M <sup>'</sup> Y <sup>'</sup> Y <sup>'</sup> Y	
Name of person who is giving this lasting power of attorney Date signed or marked D <sup>'</sup> D <sup>'</sup> M <sup>'</sup> M <sup>'</sup> Y <sup>'</sup> Y <sup>'</sup> Y Please attach this sheet to the back of your lasting	
Name of person who is giving this lasting power of attorney Date signed or marked D D M M Y Y Y Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the	of) the person giving this lasting power of attorn
Name of person who is giving this lasting power of attorney Date signed or marked D D M M Y Y Y Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.	of) the person giving this lasting power of attorn This is continuation sheet number
Name of person who is giving this lasting power of attorney Date signed or marked D D M M Y Y Y Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the	of) the person giving this lasting power of attorn This is continuation sheet number
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Name of person who is giving this lasting power of attorney Date signed or marked D D M M Y Y Y Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.	of) the person giving this lasting power of attorn This is continuation sheet number

, ,	of your lasting power of attorney.
Signature of someone signing on behalf of the pers	
The person signing on behalf of the person giving this asting power of attorney must • sign in the person's presence and in the presence of two witnesses. • sign in their own name • not also be a witness.	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
Full name of the person signing	
Sign and date each continuation sheet at the	Date signed
You must sign and date part A here You must sign and date part A here <i>before</i> parts B and C are signed and dated.	D'D'M'M'Y'Y'Y'Y
Each witness Must be 18 or over Cannot be an attorney or replacement attorney named at part A or any continuation sheet A to this lasting power of attorney	<ul> <li>Can be a certificate provider at part B</li> <li>Can be a person to be told when the application to register this lasting power of attorney is made</li> <li>Must initial any changes made in Part A</li> </ul>
Witnessed by Signature of first witness	Also witnessed by Signature of second witness
Date signed D <sup>'</sup> D <sup>'</sup> M <sup>'</sup> M <sup>'</sup> Y <sup>'</sup> Y <sup>'</sup> Y	Date signed
Full names of first witness	Full names of second witness
Address and postcode of first witness	Address and postcode of second witness
Postcode	Postcode
About you	
Name of person who is giving this lasting power of attor	ney
Please attach to the back of your lasting power of attorney after this sheet has been signed and dated. And number your continuation sheets consecutively.	This is continuation sheet number

Your second certificate provider signs and dates this con	tinuation sheet
, ,	
<ul> <li>Declaration by the person who is signing this certif</li> <li>Please refer to separate guidance for certificate providers.</li> <li>If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.</li> <li>In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?</li> <li>If yes = you only need one certificate provider so you do not need to fill in this continuation sheet.</li> <li>If no = the second certificate provider must fill in this continuation sheet.</li> <li>The donor is the person who is giving this lasting power of attorney.</li> <li>By signing below, I confirm:</li> <li>My understanding of the role and responsibilities</li> <li>I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.</li> <li>I understand my role and responsibilities as a certificate provider.</li> <li>Statement of acting independently</li> <li>I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.</li> <li>I am not:</li> </ul>	
<ul> <li>lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor</li> <li>a family member related to the donor or any of their attorneys or replacements</li> <li>a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>the owner, director, manager or employee of a care home that the donor lives in, or a member of their family</li> <li>a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).</li> </ul>	My profession and particular skills are:
Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number

Declaration by the person who is signing this certific	
<ul> <li>Declaration by the person who is signing this certific</li> <li>Things you certify</li> <li>I certify that, in my opinion, at the time of signing part A: <ul> <li>the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it</li> <li>no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney</li> <li>there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.</li> </ul> </li> <li>Your signature <ul> <li>Do not sign until part A of this lasting power of attorney has been filled in and signed.</li> <li>Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.</li> </ul> </li> </ul>	Name and address of the person who is signing this certificate         Mr       Mrs       Ms       Miss       Other title         Image: Second secon
Date signed D'D'M'M'Y'Y'Y Number each page individually and attach both pages of continuation sheet B to the back of your	This is continuation sheet number
lasting power of attorney after you sign and date the declaration in part A.	Total number of continuation sheets

Lasting power of attorney for property and financial affairs

Use this continuation sheet if you are appointing a trust o	corporation as attorney or replacement attorney.
A trust corporation cannot be going through winding-up p	roceedings.
Statement by the trust corporation acting as attorne of the trust corporation sign and date this statement	y or replacement attorney – person(s) signing on beh
By execution of this deed the trust corporation confirms all of the following: Understanding of role and responsibilities It has read the section called 'Information you must read' on page 2 of this lasting power of attorney.	For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.
It understands its role and responsibilities under this lasting power of attorney, in particular it: • has a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice • can make decisions and act only when this lasting power of attorney has been registered • must make decisions and act in the best interests of the person who is giving this lasting power of attorney	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
<ul> <li>can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts</li> <li>has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or the Court of Protection on request.</li> </ul>	Full name of first person signing
Tick the option which applies: Either:	Date signed
Seal of trust corporation stamped below	Signature of second authorised person (cross through if only one authorised person is required)
	Full name of second person signing Date signed D'D'M'M'Y'Y'Y'
Or: At least one authorised person has signed and dated in the right-hand column	Company registration number
Please attach this sheet to the back of your lasting power of attorney after parts A and B are signed. And number your continuation sheets consecutively.	This is continuation sheet number
Helpline Valid only with Office	e of the Public Guardian stamp

Part 2: Form for Instrument Intended to Create a Health and Welfare Lasting Power of Attorney

For OPG office use only LPA HW registered on	
OPG reference number	Office of the Public Guardian
	Checklist
Lasting power of attorney	See the information sheet for guidance on all the people involved
for health and welfare About this lasting power of attorney	Part A: about you, the attorneys you are appointing, and people to be told
This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your health and persona welfare, when you are unable to make decisions for yourself. This can include decisions about your healthcare and medical treatment, decisions about where you live and day-to-day decisions about your personal welfare, such as your diet, dress or daily routine.	How many attorneys are you appointing? Write in words.
If you also want someone to make decisions about your property and financial affairs, you will need a separate form (downloadable from our website or call 0300 456 0300).	How many replacement attorneys are you appointing? Write in words or write 'None' if this does not apply.
Who can fill it in? Anyone aged 18 or over, who has the mental capacity to do so.	How many people to be told are you choosing? Write in words from Wone' to five . If 'None' you must have
Before you fill in the lasting power of attorney: <ol> <li>Please read the guidance available at publicguardian.gov.uk or by calling 0300 456 0300. See, for example, the Lasting power of attorne creation pack or other relevant guidance booklets which are all available online or by post.</li> </ol>	Part B: about your certificate
<ol> <li>Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.</li> <li>Read the separate Information sheet to understand all the people</li> </ol>	How many certificate providers do you have? (Tick one box)
<ol> <li>involved, and how the three parts of the form should be filled in.</li> <li>Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called Information you must read before filling in their relevant part.</li> </ol>	If you have used any continuation sheets each one must be signed and dated.
• This lasting power of attorney could be rejected at registration if it contains any errors.	Attached to the back of this lasting power of attorney are: (Write the number of each) continuation sheet A1
	continuation sheet A2 continuation sheet A3:HW 2 pages continuation sheet B Total number of continuation sheets
LPA HW 10 09 © Crown copyright 2009 Helpline 2 0300 456 0300	uardian stamp

#### How to fill in this form Information you must read П ~ Tick the boxes that apply like this This lasting power of attorney is a legal document. · Use black or blue ink and write clearly Each person who signs parts A, B and C must read this information before signing. · Cross through any boxes or sections that Purpose of this lasting power of attorney don't apply to you, like this: This lasting power of attorney gives your attorneys authority to Any other names you are known by in financial documents or accounts make decisions about your health and welfare when you cannot make your own decisions. This can include where you live, who visits you and the type of care you receive. When your attorneys can act for you Don't use correction fluid – please cross Your attorneys can use this lasting power of attorney only after it out any mistakes and rewrite nearby. All has been registered and stamped on every page by the Office of corrections must be initialled by the person the Public Guardian. Your attorneys can only act when you lack completing that section of the form (and their the capacity to make the decision in question. You may have capacity to make some decisions about your personal health and witness) like this: welfare but not others. Any other names you are known by in financial The Mental Capacity Act WILLIAM EDWARD SMITH Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005. A.S.B / WES SMYTH Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Your application could be rejected if your Practice. They can get a copy from The Stationery Office at tso. intentions are not clear and explicit. If you co.uk or read it online at publicguardian.gov.uk are in any doubt, please start again on a new copy of the form. Principles of the Act that your attorneys must follow 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so. What happens after you've filled it in? 2 Your attorneys must help you to make as many of your own The next step is to register it. You or your decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you attorneys can do this at any time. The person applying will need to fill in a registration form to do so have been made without success and may need to pay a fee at that time. They 3 Your attorneys must not treat you as unable to make the will also need to send notices to the 'people to decision in question simply because you make an unwise be told' named at part A when the application decision. to register this lasting power of attorney is 4 Your attorneys must make decisions and act in your best made. You can find out more and download the interests when you are unable to make the decision in question. registration form at publicguardian.gov.uk 5 Before your attorneys make the decision in question or act for The 'people to be told' are given time to raise you, they must consider whether they can make the decision or any concerns or objections. This means the act in a way that is less restrictive of your rights and freedom but earliest the Office of Public Guardian can still achieves the purpose register this lasting power of attorney is 6 Your best interests weeks after they notify the donor or attorneys that an application to register has been Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision in received. question yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and

Your lasting power of attorney will end if it attorney dies or can no longer act for you and this lasting power of attorney. Please read the

#### Helpline 0300 456 0300

Page 2 of 12

publicguardian.gov.uk

others who are interested in your health and welfare. Any guidance

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at publicguardian.gov.uk

you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

Lasting power of attorney for health and welfare

can no longer be used. For example, if a sole no replacement attorney has been named in guidance available at publicguardian.gov.uk

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Declaration by the perso	on who is giving this lasting power of attorn
Yease write clearly using black or blue ink.	
1 About the person who is giving this lasting pow	ver of attorney
Mr Mrs Ms Miss Other title	Address and postcode
Last name	Postcode
Date of birth D' D' M ' M ' Y ' Y ' Y ' Y	Any other names you are known by in medical records or welfare records
2 About the attorneys you are appointing	
<ul> <li>You can appoint more than one attorney if you want to.</li> <li>Each attorney must be aged 18 or over. Choose people You are recommended to read the separate guidance for for health and welfare.</li> </ul>	you know and trust to make decisions for you. or people who want to make a lasting power of attorney
Your first or only attorney Mr Mrs Ms Miss Other title	Your second attorney Please cross through this section if it does not apply. Mr Mrs Ms Miss Other title
First names of your first or only attorney	First names of your second attorney
Last name of your first or only attorney	Last name of your second attorney
Date of birth of your first or only attorney	Date of birth of your second attorney
Address and postcode of your first or only attorney	Address and postcode of your second attorney
Postcode	Postcode
If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.	Other attorneys you are appointing Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney Cross through this box if this does not apply
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longer able to act because they are dead, have disclair were your civil partner, and have now had the marriage • You do not have to appoint any replacements.	ho does not want to act for you or who is permanently no med, lack mental capacity or if they were married to you or
Your first or only replacement attorney Please cros Mr Mrs Ms Miss Other title First names of your first or only replacement	Bithrough this section if it does not apply.     Date of birth of your first or only replacement     D'D'M'M'Y'Y'Y'Y     Address and postcode of your first or only replacement
Last name of your first or only replacement	Postcode
If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.	Other replacement attorneys you are appointing Number of replacement attorneys named in continuation sheet A1 attached to this lasting power of attorney Cross through this box if this does not apply
Helpline J 0300 456 0300 Publicguardian.gov.uk	fice of the Public Guardian stamp

4 How you want your attorneys to make decisions	
Thinking about how you want your attorneys to make decisions	Choosing which decisions must be made together and which decisions may be made
If you leave this section blank, your attorneys will be appointed to make all decisions jointly.	<ul> <li>separately – how this will work in practice</li> <li>Please make your intentions clear about how your</li> </ul>
<ul> <li>Jointly: this means that the attorneys must make all decisions together. → For further information on appointing your attorneys jointly, see the separate guidance.</li> <li>Jointly and severally: this means that attorneys can make decisions together and separately. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.</li> <li>Jointly for some decisions, and jointly and severally for other decisions together and may make certain decisions together and may make certain decisions separately. You</li> </ul>	<ul> <li>attorneys are to make the decision in question, for example about where you live, who visits you and the type of care you receive.</li> <li>Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if they are not workable. Please read the separate guidance for examples that will not work in practice.</li> </ul>
will need to set out below how you want this to work in practice.	
How you want your attorneys to make decisions	이 것 가능하는 것 같이 것 이 것 것 가능하는 것이 것 것 것 같이 것 것 같이 것 같이 있다.
If you are appointing only one attorney and no replacem	ent attorneys, now go to section 5 $\rightarrow$
Jointly	→ Go to section 5 and cross through the box below
Jointly and severally	→ Go to section 5 and cross through the box below
Only if you have ticked the last box above, now tell	other decisions
	us in the space below which decisions your
	us in the space below which decisions your
Only if you have ticked the last box above, now tell attorneys must make jointly and which decisions m	us in the space below which decisions your

	treatment		
Life-sustaining treatment me doctor considers necessary or not a treatment is life-sus the specific situation. Some sustaining in some situation The decisions you authorise you in this lasting power of a any advance decision you h same subject. You must be clear whether of your attorneys this authority please be clear about the ch might want to discuss this fit doctors and health profession	eans any treatment that a to keep you alive. Whether staining will depend on treatments will be life- is but not in others. a your attorneys to make for attorney take the place of save already made on the or not you want to give . This is very important so hold you are making. You rst with your attorneys or	You must choose Option A Your attorneys can only mak sustaining treatment if you ch choose Option B, your doctor where it is practicable and ap your attorneys and people wit welfare as well as any writter made. When you make your choice must have a witness. If you can a mark instead.	e decisions about life- noose Option A. If you rs will take into account propriate the views of no are interested in your a statement you may have and sign this section you cannot sign you can make where a mark use $HW \rightarrow$ or you at your direction.
Option A	Do not sign both boxes	Option B	Do not sign both boxes
I want to give my attorney refuse consent to life-sust behalf. Signed in the presence of is giving this lasting power Your signature or mark	taining treatment on my a witness by the person who	I do not want to give my at or refuse consent to life-su behalf. Signed in the presence of a who is giving this lasting po Your signature or mark	ustaining treatment on m a witness by the person
Date signed or marked	The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.	Date signed or marked	The date you sign (of mark) here must be the same as the date you sign or mark section 10 Declaration.
Who can be a witness • You must be 18 or over. • You cannot be an attorne named at part A or any co lasting power of attorney. • If you have been asked to at part B, you can be a wil • A person to be told when	The mark) here must be the same as the date you sign or mark section 10 Declaration.		the same as the date you sign or mark section 10

6 About restrictions and conditions	
Putting restrictions and conditions into words	Restrictions and conditions about health and welfare
<ul> <li>You should read the separate guidance for examples of conditions and restrictions that will not work in practice.</li> <li>Your attorneys must follow any restrictions or conditions you put in place. But it may not be possible to</li> </ul>	
register or use this lasting power of attorney if a condition is not workable. • Either: give any restrictions and	
conditions about health and welfare here	
<ul> <li>Or: if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.</li> </ul>	If you need more space, use continuation sheet A2
7 About guidance to your attorneys	
Putting guidance into words	Guidance to your attorneys about health and welfare
<ul> <li>Any guidance you add may help your attorneys to identify your views. You do not have to add any.</li> </ul>	Guidance to your attorneys about health and wellare
<ul> <li>Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.</li> </ul>	
<ul> <li>Either: Give any guidance about health and welfare here</li> <li>Or: if you have no guidance to add,</li> </ul>	
please cross through this box.	If you need more space, use continuation sheet A2
8 About paying your attorneys	
Professional charges	
<ul> <li>Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You should discuss payment with your attorneys and record any agreement made here to avoid any confusion later.</li> </ul>	Charges for services
<ul> <li>You can choose to pay non- professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses</li> </ul>	If you need more space, use continuation sheet A2
	→ For further information on paying attorneys, please see the separate guidance.
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9 About people to be told when the application	to register this lasting power of attorney is made
Thinking about people to be told	to register this lusting power of attorney is filade
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	to be told when your lasting power of attorney is being portunity to raise any concerns or objections before this
lasting power of attorney is registered and can be use	
	u leave this section blank, you must choose two people
to sign the certificate to confirm understandi	
	acement named at part A or in continuation sheets to part A.
The first or only person to be told	The second person to be told
Please cross through this section if it does not apply.	Please cross through this section if it does not apply.
the Max Max Max Others Max	Mr. Mr. Mr. Max Obacilla
Mr Mrs Ms Miss Other title	Mr Mrs Ms Miss Other title
First names of first or only person to be told	First names of second person to be told
Last name of first or only person to be told	Last name of second person to be told
Address and postcode of first or only person	Address and postcode of second person to be told
to be told	10 00 1010
Postcode	Postcode
Other people to be told	Postcode
Postcode Other people to be told Please cross through this section if it does not apply Tell us about other people to be told on continua Number of other people to be told named in continua sheet A1 attached to this lasting power of attorney	ation sheet A1.
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Other people to be told Please cross through this section if it does not apply <b>Tell us about other people to be told on continua</b> Number of other people to be told named in continua sheet A1 attached to this lasting power of attorney	ation sheet A1.
Other people to be told Please cross through this section if it does not apply <b>Tell us about other people to be told on continua</b> Number of other people to be told named in continua theet A1 attached to this lasting power of attorney	ation sheet A1. Ition

10 Declaration by the person who is giving this lastin	ig power of attorney
Before signing please check that you have:	People to be told when the application to registe
<ul> <li>filled in every answer that applies to you</li> </ul>	this lasting power of attorney is made
<ul> <li>crossed through blank boxes that do not apply to you</li> </ul>	I have chosen the people to be told, and have chosen
<ul> <li>filled in any continuation sheets</li> </ul>	one person to sign the certificate of understanding at
<ul> <li>crossed through any mistakes you have made</li> </ul>	part B.
<ul> <li>initialled any changes you have made.</li> </ul>	OR
No changes may be made to this lasting power of	
attorney and no continuation sheets may be added after part A has been filled in and signed. If any change	I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.
appears to have been made, this lasting power of attorney	
will not be valid and will be rejected when an application is made to register it.	If you cannot sign this lasting power of attorney you can make a mark instead.
	If you cannot sign or make a mark use
By signing (or marking) on this page, or by	Continuation sheet A3:HW →
directing someone to sign continuation sheet A3:HW, I confirm all of the following:	Signed (or marked) by the person giving this
AS.HW, I Commin an of the following.	lasting power of attorney and delivered as a deed
Statement of understanding	,
I have read or had read to me:	
<ul> <li>the section called 'Information you must read'</li> </ul>	
on page 2	
all information contained in part A and any	Date signed or marked
continuation sheets to part A of this lasting power	Date signed or marked
of attorney.	``M'M'Y'Y'Y
I appoint and give my attorneys authority to make	Sign (or mark) and date
decisions about my health and welfare, when I cannot act for myself because I lack mental capacity,	• section 5 (Option A or Option B), and
subject to the terms of this lasting power of attorney	each continuation sheet
and to the provisions of the Mental Capacity Act	at the same time as you sign (or mark) part A
2005.	here.
Statement about life custaining treatment	You must sign (or mark) and date part A here
Statement about life-sustaining treatment	before parts B and C are signed and dated.
I have chosen option A or option B about life-	
sustaining treatment in section 5 of this lasting power of attorney.	
poner of automotion	
The witness should be independent of you and:	Witnessed by
Must be 18 or over.	Signature of witness
Cannot be an attorney or replacement attorney	
named at part A or any continuation sheets to this	
lasting power of attorney.	
<ul> <li>Can be a certificate provider at part B.</li> </ul>	
Can be a person to be told when the application to	Full names of witness
register this lasting power of attorney is made.	
<ul> <li>Must initial any changes made in Part A.</li> </ul>	
Bign section 5 (witnessing Option A or Option B)	Address and postcode of witness
U at the same time as you sign part A here.	
	Postcode
	una Trada de la de de la sin de destructura de decimiente de destructura de se
Helpline Valid only with Office	of the Public Guardian stamp
2 0300 456 0300	

Your certificate provider fills in, signs and dates this part.	
Declaration by the person who is signing this certific	ate
Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it. In part A (section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made? If yes = one certificate provider fills in this part if no = the first certificate provider fills in this part and the second certificate provider must fill in continuation sheet B power of attorney. By signing below, I confirm: My understanding of the role and responsibilities I have read part A of this lasting power of attorney,	How you formed your opinion Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it. If someone challenges this lasting power of attorney you may need to explain how you formed your opinion. Statement of personal knowledge or relevant professional skills Please cross through the box that does not apply. EITHER I have known the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:
<ul> <li>including any continuation sheets.</li> <li>I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.</li> <li>I understand my role and responsibilities as a certificate provider.</li> <li>Statement of acting independently</li> <li>I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.</li> <li>I am not: <ul> <li>an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor</li> <li>a family member related to the donor or any of their attorneys or replacements</li> <li>a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>the owner, director, manager or employee of a care home that the donor lives in, or a member of their family.</li> </ul> </li> </ul>	OR I have relevant professional skills. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.) My profession and particular skills are:
	Continues over

	s certificate (continued)
Things you certify	Name and address of the person who is signing
I certify that, in my opinion, at the time of signing part A: • the donor understands the purpose of this lasting	this certificate Mr Mrs Ms Miss Other title
power of attorney and the scope of the authority conferred under it	First names of certificate provider
<ul> <li>no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney</li> </ul>	
<ul> <li>there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.</li> </ul>	Last name of certificate provider
Your signature	Address and postcode of certificate provider
Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an	
application is made to register it. Signature of certificate provider	Postcode
Helpline Valid only with Offic	e of the Public Guardian stamp

	people	
Use this continuation sheet for details of all additional att Make explore of this sheet before filling it in if you need a		neys, or people to be told.
Make copies of this sheet before filling it in if you need m About the additional people	iore than one sheet.	
For each additional person, provide the following details  • Whether you want them to act as an attorney, replacement attorney or person to be told  • If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration  • Their title, full name, address (including postcode)  • Their date of birth	For example: • Third attorney • Mr John Smith, • 38 London Street, Posttown, PC6 9ZZ • 19 January 1960	or: • Second replacement attorney • Mrs Susan Jones • 27 Lincoln Road, Posttown, PC7 9XX • 12 December 1962
		or signed by the direction this lasting power of attorne
Name of person who is giving this lasting power of attorney		
Name of person who is giving this lasting power of attorney Date signed or marked		et number

make copies of this sheet before mining it in it you need	tional information about how you want your attorneys to a more than one sheet.
About the additional information	
For each additional piece of information you are pr • Which decisions your attorneys should make jointly and decisions they should make jointly and severally (only if • Restrictions and conditions • Guidance to your attorneys • Paying your attorneys	l which
About you	
About you Name of person who is giving this lasting power of attorney	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
Name of person who is giving this lasting power	
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y'Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.	
Name of person who is giving this lasting power of attorney Date signed or marked D'D'M'M'Y'Y'Y'Y Please attach this sheet to the back of your lasting power of attorney before you sign and date the	of) the person giving this lasting power of attorn

Use this continuation sheet if	you cannot sign or make a	mark at part A of your lasting power	of attorney.
The person signing on behalf o lasting power of attorney must • sign in the person's presence two witnesses. • sign in their own name • not also be a witness.		Full name of the person signing	
Option A	Do not sign both boxes	Option B	Do not sign both boxes
I want to give my attorneys a refuse consent to life-sustain behalf. Signature of someone signing giving this lasting power of att	ing treatment on my	I do not want to give my attorney or refuse consent to life-sustaini behalf. Signature of someone signing for giving this lasting power of attorne	ng treatment on my the person who is
	D The date you sign here must be the ame as the date you sign elow.		The date you sign here must be the as the date you sign /
Signature of someone sign	ing on behalf of the perso	on giving this lasting power of atte	
	at Option A or Option B i	n the presence of and directed by	
Date signed		Signed as a deed and delivered of and directed by the person g power of attorney and in the pr witnesses	iving this lasting
<ul> <li>Sign and date Option A deep continuation sheet, sign part A here.</li> <li>You must sign and date B and C are signed and deep continued and dependence of the signed and depe</li></ul>	, at the same time as you part A here <i>before</i> parts		
This continuation sheet h Two witnesses must sign			
Number each page individual pages of continuation sheet A lasting power of attorney after and dated.	3:HW to the back of your	This is continuation sheet numbe Total number of continuation shee	

age 2 of 2	Lasting power of attorney for health and welfa
A3:HW Continuation sheet A3 ( if you cannot sign or ma	
Each witness Must be 18 or over. Cannot be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.	<ul> <li>Can be a certificate provider at part B, .</li> <li>Can be a person to be told when the application to register this lasting power of attorney is made.</li> <li>Must initial any changes made in Part A.</li> </ul>
Witnessed by Signature of first witness	Also witnessed by Signature of second witness
Date signed D <sup>'</sup> D <sup>'</sup> M <sup>'</sup> M <sup>'</sup> Y <sup>'</sup> Y <sup>'</sup> Y	Date signed D <sup>'</sup> D <sup>'</sup> M <sup>'</sup> M <sup>'</sup> Y <sup>'</sup> Y <sup>'</sup> Y
Full names of first witness	Full names of second witness
Address and postcode of first witness	Address and postcode of second witness
Postcode	Postcode
About you Name of person who is giving this lasting power of attorn	ey
This continuation sheet has two pages. Number each page individually and attach both pages of continuation sheet A3:HW to the back of your lasting power of attorney after they have been signed and dated.	This is continuation sheet number
Helpline <b>J 0300 456 0300</b> Publicguardian.gov.uk	of the Public Guardian stamp

Your second certificate provider signs and dates this	continuation sheet
Declaration by the person who is signing this c	ertificate
<ul> <li>Please refer to separate guidance for certificate provid if the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.</li> <li>In part A (property and financial affairs section 8, or he and welfare section 9) has the person giving this lastin power of attorney chosen at least one person to be to when the application to register this lasting power of attorney is made?</li> <li>If yes = you only need one certificate provider so you do not need to fill in this continuation sheet</li> <li>If no = the second certificate provider must fill in this continuation sheet</li> <li>The donor is the person who is giving this lasting power of attorney.</li> <li>By signing below, I confirm:</li> <li>My understanding of the role and responsibilities</li> <li>I have read part A of this lasting power of attorney, including any continuation sheets.</li> <li>I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.</li> <li>I understand my role and responsibilities as a certificat provider.</li> <li>Statement of acting independently</li> <li>I confirm that I act independently of the attorneys and the donor and I am aged 18 or over.</li> <li>I am not: <ul> <li>an attorney or replacement attorney for the donor any of their attorneys or any other lasting power attorney or enduring power of attorney for the donor any of their attorneys or replacements</li> <li>a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>the owner, director, manager or employee of a care home that the donor lives in, or a member of their family</li> <li>a director or employee of a trust corporation appoir as an attorney or replacement attorney in this lasting power of attorney or replacement attorney in th</li></ul></li></ul>	ders.       How you formed your opinion         Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.       If someone challenges this lasting power of attorney you may need to explain how you formed your opinion.         Statement of personal knowledge or relevant professional skills       Please cross through the box that does not apply.         EITHER       I have known the donor for at least two years and as more than an acquaintance. My personal knowledge of the donor is:         est       I have relevant professional skills. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)         My profession and particular skills are:       My profession and particular skills are:
only). Number each page individually and attach both continuation sheet B pages to the back of your last power of attorney after you sign and date the declaration in part A.	This is continuation sheet number Total number of continuation sheets Continues over

provider: certificate to confirm under	
	standing
Declaration by the person who is signing this certific	ate (continued)
Things you certify	Name and address of the person who is signing this certificate
<ul> <li>I certify that, in my opinion, at the time of signing part A:</li> <li>the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it</li> </ul>	Mr Mrs Ms Miss Other title
no fraud or undue pressure is being used to induce     the donor to create this lasting power of attorney	First names of certificate provider
there is nothing else which would prevent this     lasting power of attorney from being created by the     completion of this form.	Last name of certificate provider
Your signature	Address and postcode of certificate provider
Do not sign until part A of this lasting power of attorney has been filled in and signed. Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power	
of attorney will not be valid and will be rejected when an application is made to register it.	Postcode
Signature of certificate provider	FUSILUUS
Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney after you sign and date the declaration in part A.	This is continuation sheet number Total number of continuation sheets

## **EXPLANATORY NOTE**

(This note is not part of the Regulations)

These Regulations amend the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 ("the 2007 Regulations") so as to substitute new prescribed forms for instruments intended to create a property and financial affairs Lasting Power of Attorney or a health and welfare Lasting Power of Attorney. The relevant prescribed form must be used in order to make either a health and welfare or a property and financial affairs Lasting Power of Attorney. However regulation 6 permits the continued use of the forms which are replaced by the new prescribed forms provided execution of the form occurs before 1 April 2011.

Regulation 3 of these Regulations corrects a minor and non-substantive error in regulation 18(2)(a) of the 2007 Regulations by removing the word 'of'. Regulation 4 of these Regulations corrects an error in regulation 32(6) of the 2007 Regulations by inserting the word 'relating'. This word was omitted in error in the 2007 Regulations. The purpose of regulation 32 is to disclose information about P rather than to disclose information to P, as regulation 32(3) of the 2007 Regulations makes clear. The amendment to regulation 32(6) of the 2007 Regulations reflects this.