

# LASTING POWERS OF ATTORNEY

## Property and Affairs

### Required Information

#### 1. Clients full details:

Christian Names:  
Surname:  
Previous or Maiden name:  
  
Marital Status:  
  
Date of Birth:

#### 2. Contact details:

Address:  
  
  
Postcode  
  
Telephone No:  
Mobile No:  
Email address:

#### 3. Details of Attorneys:

##### First Attorney:

Christian Names:  
Surname:  
  
Marital status:

##### Second Attorney:

Christian Names:  
Surname:  
  
Marital status:

**Third Attorney:**

Christian Names:

Surname:

Marital status:

**4. How the Attorneys are to act:**

Together

Together and independently

Together in some respects

Together and independently in respect of others

Set out details:

**5. Do they wish to appoint a replacement Attorney?**

If yes:-

First Names:

Surname:

Address:

Marital status:

Any restrictions on the appointment?

Set out details:

**6. Any restrictions and/or conditions on the Attorneys?**

No

Yes

If yes, set out details:

**7. Guidance for Attorneys to consider (not binding)**

**8. Are the Attorneys to be paid a fee?**

No

Yes

If yes, set out details:

**9. Persons to be notified when Application to register LPA is made (maximum 5)**

**(IF NO ONE IS TO BE NOTIFIED THEN TWO CERTIFICATE PROVIDERS ARE REQUIRED)**

Full Name:

Address:

Marital status:

Telephone No:

Mobile No:

E-mail address:

Full Name:

Address:

Marital status:

Telephone No:

Mobile No:

E-mail address:

**10. Clients signature**

**If client unable to sign or make a mark and someone else signs for him/her then two witnesses are required.**

**11. Certificate Provider**

**THE CERTIFICATE PROVIDER CANNOT BE A MEMBER OF THE DONOR'S OR ATTORNEYS FAMILY, A BUSINESS PARTNER OR PAID EMPLOYEE OF THE DONOR OR ATTORNEYS, AN ATTORNEY APPOINTED IN THIS FORM OR ANOTHER LPA OR EPA MADE BY THE DONOR, THE OWNER DIRECTOR/ MANAGER OR EMPLOYEE OF THE CARE HOME WHERE THE DONOR LIVES OR THEIR FAMILY MEMBER OR PARTNER.**

**A DIRECTOR OR EMPLOYEE OF A TRUST CORPORATION APPOINTED AS ATTORNEY IN THIS LPA.**

First Names:

Surname:

Address:

Marital Status:

Telephone No:

Mobile No:

Email Address:

**EITHER Knowledge certification**

**Have they known the Donor personally over the last two years?**

**How do they know the Donor?**

**or**

**Skills Certification**

Registered Healthcare Professional incl. GP

Registered Social Worker

Barrister, Solicitor or Advocate

Independent Medical Capacity Advocate

or

None of the above but with relevant professional skills and expertise. What are these?

**If second certificate provider required as no persons to be notified on registration set out full details:**

## 12. ATTORNEY DETAILS

### First attorney:

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E-mail:

### Second Attorney:

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No.

E-mail:

### Replacement Attorney (If required)

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E-mail:

**9. Continued. Additional persons to be notified on registration of LPA**  
**Full details as above:**

Christian Names:

Surname:

Address

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E-mail:

Christian Names:

Surname:

Address

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E-mail:

