

PRESCRIBED INFORMATION

*Important
Information
You Must
Read*

Purpose of the lasting power of attorney

1. A lasting power of attorney is a legal document that gives authority to the person you appoint (called your "donee") to make decisions and act for you when you lack mental capacity. You may authorise your donee(s) to make decisions about your
 - personal welfare (which may include health care) and/or
 - property and affairs (including financial matters).
2. This is the lasting power of attorney (LPA) Form 2, which gives your donee customised powers and has to be drafted by a lawyer. If you have standard requirements and want to give your donee wide powers to act as fully as you can, subject to basic restrictions set out in the lasting power of attorney and in the Mental Capacity Act (Cap. 177A) ("the Act"), you should use LPA Form 1 (which you can fill up without the help of a lawyer).

This document must be registered

3. This document must be registered with the Office of the Public Guardian (OPG). The application to register must be made in the prescribed form within 6 months from the date you (the person giving the power) sign this document.

When your donee can act for you

4. Your donee can use the lasting power of attorney only after it has been registered and only where you lack mental capacity or your donee reasonably believes you lack such capacity.

What your donee can and cannot do

5. Your donee's authority is governed by the terms of this document and the provisions of the Act.
6. Your donee must follow the principles of the Act, which include the principle that your donee must act in your best interests.
7. Your donee cannot make certain decisions as provided in the Act, such as make a will on your behalf.
8. Guidance about the Act is found in the Mental Capacity Act Code of Practice, which is available from the OPG or at www.publicguardian.gov.sg. Your donee must have regard to the Code of Practice.

Revoking (terminating) the lasting power of attorney

9. You can revoke your lasting power of attorney at any time as long as you have mental capacity to do so. You must inform your donee in writing so he/she will know you have terminated his/her authority. You must also inform the Public Guardian in writing for the registration of the lasting power of attorney to be cancelled.

FOR OFFICIAL USE

LPA Reference Number	Registration Number	Date Registered
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Signature of Donor

Sign Here

Page 1 of __

PART 1

DONOR'S PARTICULARS AND STATEMENT

PART 1A
*Particulars
of Donor*

Full name as in ID

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

Country of issue

Date of birth (dd/mm/yyyy)

PART 1B
*Statement
by Donor*

1. I have read the Prescribed Information or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) mentioned in Part 2 as donee(s) and/or replacement donee(s) with authority to make the decisions and act for me as mentioned in Part 3 of this document in circumstances where I lack mental capacity or where my donee reasonably believes I lack mental capacity.
3. I intend that my replacement donee(s) (if applicable) shall replace my donee according to the terms of this lasting power of attorney when any of the events mentioned in section 15(5) of the Act, which terminates the appointment of that donee, occurs.
4. I am 21 years or older and am not an undischarged bankrupt (where my donee has authority to make property and affairs decisions).
5. I revoke any previous lasting power of attorney executed by me (if any), whether in respect of my personal welfare or property and affairs or both, with effect from the date that this instrument is registered by the Public Guardian, and I will inform the donee or donees in writing about the revocation accordingly.

Signed and sealed by the donor as a deed and delivered

Signature of the donor

Signature of certificate issuer as witness

Date signed

*Affix
seal
here*

Particulars of translator who read and translated the contents of this instrument to the donor

Name of translator

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

Signature of translator

Date signed

Please tick box if translator
is certificate issuer

Language/dialect translated in

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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PART 2

DONEE'S AND REPLACEMENT DONEE'S STATEMENT AND PARTICULARS

Total number of donees (individual) : -----

Total number of donees (licensed trust company) : -----

Total number of replacement donees : -----

PART 2A *Statement by Donee*

1. I am an individual or a licensed trust company.
2. I have read the Prescribed Information or it has been read to me.
3. I understand the duties imposed on a donee of a lasting power of attorney under sections 3 (the principles) and 6 (best interests) of the Act.
4. I must have regard to the Mental Capacity Act Code of Practice.
5. I shall inform the Public Guardian if any of the following events, which terminates my appointment or power, occurs:
(For an individual)
 - a) I disclaim my appointment as donee;
 - b) I am made a bankrupt (where I have authority to make property and affairs decisions);
 - c) My marriage to the donor is dissolved or annulled (if I am the donor's spouse).**(For a licensed trust company)**
 - a) I disclaim my appointment as donee;
 - b) My trust business licence lapses, or is revoked or suspended;
 - c) I am liquidated, wound-up, dissolved or placed under judicial management.
6. I will replace an original donee that I am appointed to replace if the appointment of the original donee is terminated and I am still eligible to act as a donee (applicable to replacement donee only).
7. By signing, I consent to be appointed as a donee/replacement donee (where applicable).

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LPA Reference Number

Signature of Donor

Sign Here

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PART 2B

*Particulars
of *Only / 1st
Donee
(individual)*

*(*Delete as
appropriate)*

Full name as in ID

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

Country of issue

Date of birth (dd/mm/yyyy)

Authorised to make decisions about (please tick one box only)

- personal welfare only
 property and affairs only
 both personal welfare and property and affairs

Signed and sealed by the donee as a deed and delivered

Signature of the donee

*(I have read the Prescribed Information on
page 1 and agree with paragraphs 3 to 7
of Part 2A on page 3 of this instrument.)*

Affix
seal
here

Signature of witness

Date signed

Particulars of witness

Name of witness

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

- Please tick box if translation of the contents
of this instrument was given by the witness.

Language/dialect translated in

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

Page ___ of ___

PART 2C

*Particulars of
2nd Donee
(individual)*

*(Optional. To strike
out this portion if not
applicable.)*

Full name as in ID

ID type ID number
**NRIC / Passport (*Delete as appropriate)*

Country of issue Date of birth (dd/mm/yyyy)

Authorised to make decisions about (please tick one box only)

- personal welfare only
 property and affairs only
 both personal welfare and property and affairs

Signed and sealed by the donee as a deed and delivered

Signature of the donee

*(I have read the Prescribed Information on
page 1 and agree with paragraphs 3 to 7
of Part 2A on page 3 of this instrument.)*

Affix
seal
here

Signature of witness

Date signed

Particulars of witness

Name of witness

ID type ID number
**NRIC / Passport (*Delete as appropriate)*

 Please tick box if translation of the contents
of this instrument was given by the witness. Language/dialect translated in

For particulars of additional donee(s), if any, please use Continuation Sheet A.

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

Page ___ of ___

PART 2D

*Particulars of
Only Donee
(licensed trust
company – for
property and
affairs)*

*(Optional. To strike
out this portion if not
applicable.)*

Registered name

Registration number

Place of registration

Authorised to make decisions about

property and affairs only

Signed and sealed by the donee as a deed and delivered

Signature of the donee

*(I have read the Prescribed Information on
page 1 and agree with paragraphs 3 to 7
of Part 2A on page 3 of this instrument.)*

Signature of witness

Date signed

Particulars of witness

Name of witness

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

Please tick box if translation of the contents
of this instrument was given by the witness.

Language/dialect translated in

Affix
seal
here

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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PART 2E

**Particulars of
Replacement
Donee
(individual)**

*(Optional. To strike
out this portion if not
applicable.)*

Full name as in ID

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

Country of issue

Date of birth (dd/mm/yyyy)

Replacement donee is to replace (please tick one box only)

- any donee that needs replacing
- any personal welfare donee that needs replacing
- any property and affairs donee that needs replacing
- this named donee: -----

Signed and sealed by the replacement donee as a deed and delivered

Signature of the replacement donee

*(I have read the Prescribed Information on
page 1 and agree with paragraphs 3 to 7
of Part 2A on page 3 of this instrument.)*

Affix
seal
here

Signature of witness

Date signed

Particulars of witness

Name of witness

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

- Please tick box if translation of the contents
of this instrument was given by the witness.

Language/dialect translated in

**For particulars of additional replacement donee(s), if any, please use Continuation
Sheet B.**

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

Page ___ of ___

PART 2F

*Particulars
of Only
Replacement
Donee (licensed
trust company –
for property and
affairs)*

*(Optional. To strike
out this portion if not
applicable.)*

Registered name

Registration number

Place of registration

Replacement donee is to replace (please tick one box only)

- any property and affairs donee that needs replacing
 this named donee: -----

Signed and sealed by the replacement donee as a deed and delivered

Signature of the replacement donee

*(I have read the Prescribed Information on
page 1 and agree with paragraphs 3 to 7
of Part 2A on page 3 of this instrument.)*

Affix
seal
here

Signature of witness

Date signed

Particulars of witness

Name of witness

ID type

ID number

**NRIC / Passport (*Delete as appropriate)*

- Please tick box if translation of the contents
of this instrument was given by the witness.

Language/dialect translated in

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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PART 3

POWERS GRANTED TO THE DONEE

(The term "donee" includes all donees (if more than one is appointed for that particular power) and a replacement donee.)

Part 3 must be drafted by an advocate and solicitor of the Supreme Court with a practising certificate in force who must sign the certificate in the Annex to Part 3

PART 3A
*Particulars of
Advocate and
Solicitor*

Name

Practising certificate number

Name of legal practice

Office address

Office telephone number

Office fax number

PART 3B
*Powers of the
Donee*

The donee(s) shall have the authority to make decisions and act for the donor in accordance with the provisions contained in the Annex to Part 3 attached

This is the end of Part 3

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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ANNEX TO PART 3: POWERS OF THE DONEE

*Details of the
Donor*

Full name as in ID

ID type

**NRIC / Passport (*Delete as appropriate)*

ID number

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

Page ___ of ___

ANNEX TO PART 3: POWERS OF THE DONEE

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

Page ___ of ___

ANNEX TO PART 3: POWERS OF THE DONEE

*Certificate of the
Donor's Advocate
and Solicitor*

I am an advocate and solicitor with a practising certificate in force, and I certify that I drafted the powers in the Annex to Part 3 of this instrument on the instructions, and in accordance with the wishes, of the donor.

Name of advocate and solicitor

Signed by the advocate and solicitor

Date signed

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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PART 4

LPA CERTIFICATE

PART 4A

*Particulars
of Certificate
Issuer*

Full name as in ID

MCR/NRIC number

Name of clinic/legal practice

Contact number

PART 4B

*Statement
by Certificate
Issuer*

1. I am (please tick one box only)
 - a medical practitioner who is accredited by the Public Guardian to issue LPA Certificates
 - a medical practitioner who is registered as a specialist in psychiatry under the Medical Registration Act
 - an advocate and solicitor of the Supreme Court who has in force a valid practising certificate under the Legal Profession Act.
2. I have read the Prescribed Information and understand my role as a certificate issuer.
3. I am acting independently of the donor, donee(s) and replacement donee(s).
4. I am not disqualified under regulation 7(2) of the Mental Capacity Regulations 2010 to give this LPA certificate.
5. I certify that, in my opinion, at the time of signing this instrument,
 - a) the donor understands the purpose of this instrument and the scope of the authority conferred under it;
 - b) no fraud or undue pressure is being used to induce the donor to create a lasting power of attorney; and
 - c) there is nothing else that will prevent a lasting power of attorney from being created by this instrument.

Signature and stamp of certificate issuer

Date signed

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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