

LASTING POWER OF ATTORNEY FORM 2 (2014)

CONTINUATION SHEET A

Particulars of Additional Donee (individual)	Full name as in ID	
	ID type *NRIC / Passport (*Delete as appropriate)	ID number
	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 seal of Part 2A on page 3 of this instrument.)
	Signature of witness	Date signed
	Particulars of witness	
	Name of witness	
	ID type *NRIC / Passport (*Delete as appropriate)	ID number
	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