

CONTINUATION SHEET B

*Particulars
of Additional
Replacement
Donee
(individual)*

Full name as in ID

ID type

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

Country of issue

ID number

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

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

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

ID number

Language/dialect translated in

FOR OFFICIAL USE

LPA Reference Number

Signature of Donor

Sign Here

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