

Office of the Public Guardian  
PO Box 16185  
Birmingham  
B2 2WH

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

[illegible]

Last name

[illegible]

First name

[illegible]

Middle name

[illegible]

Address 1

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Address 2

[illegible]

Address 3

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Town/City

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County

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Postcode

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If the exact date is unknown  
please state the year of birth

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e-mail  
address

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Please do not write below this line - For office use only

## Part 2 - The persons making the application

**Note:** We need to know who is applying and how the attorney(s) have been appointed, please answer the questions in parts two and three carefully.

Place a cross (x) against one option

Is the donor applying to register the Lasting Power of Attorney?

☐ Yes

Is the attorney(s) applying to register the Lasting Power of Attorney?

☐ Yes

## Part 3 - How have the attorney(s) been appointed?

The LPA states whether the attorney is to act solely, jointly or jointly and severally

Place a cross (x) against one option

There is only one attorney appointed

☐

There are attorneys appointed jointly and severally

☐

There are attorneys appointed jointly

☐

There are attorneys appointed jointly in some matters and jointly and severally in others

☐

**Note:** We need to know which, if any of the attorney(s) are making this application to register the LPA. You can tell us this by putting a cross in the box at the start of each attorney(s) details in Part 4.



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Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

[illegible][illegible][illegible]

Company name  
*(if relevant)*

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Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse ☐ Child ☐ Solicitor ☐ Other ☐ Other professional ☐

If 'Other' or 'Other professional', please specify



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Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

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Postcode 

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Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse ☐ Child ☐ Solicitor ☐ Other ☐ Other professional ☐

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Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please specify

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Postcode 

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Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse ☐ Child ☐ Solicitor ☐ Other ☐ Other professional ☐

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## Part 4 - Attorney four

Place a cross (x) in this box if attorney four is applying to register

If there are additional attorneys, please provide the following details in the 'Additional information' section at the end of this form.

Place a cross (x) against one option

Mr.  Mrs.  Ms.  Miss  Other

If other, please  
specify

[illegible]

Last name

[illegible]

First name

[illegible]

Middle name

[illegible]

Company  
name  
(if relevant)

[illegible]

Address 1

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Address 2

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### Address 3

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Town/City

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Occupation

[illegible]e-mail  
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Place a cross (x) against one option that best describes your relationship to the donor

Civil partner / Spouse ☐ Child ☐ Solicitor ☐ Other ☐ Other professional ☐

If 'Other' or 'Other professional', please specify

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## Part 6 - Fees

Guidelines on fee exemption and remission can be obtained from the Office of the Public Guardian.

Do you wish to pay the fee by credit or debit card?

☐

Yes

☐

No

Have you enclosed a cheque for the application to register fee?

☐

Yes

☐

No

Do you wish to apply for exemption of the fee?

☐

Yes

☐

No

Do you wish to apply for remission of the fee?

☐

Yes

☐

No

If you wish to pay by credit or debit card, please provide your telephone number so an agent can call you to arrange payment when your application has been received. If you wish to apply for an exemption or remission of all or part of the fee, you must complete the separate application form available from the Office of the Public Guardian.

## Part 7 - Type of power

☐

I

☐

We

apply to register the LPA (the original of which accompanies this application) made by the donor under the provisions of the Mental Capacity Act 2005.

What type of Lasting Power of Attorney are you applying to register?

☐

Property and financial affairs

OR

☐

Health and welfare

Date that the **donor** signed the  
Lasting Power of Attorney

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To your knowledge, has the donor made any other Enduring Powers of Attorney or Lasting Power of Attorney?

☐

Yes

☐

No

If Yes, please give details below including registration date if applicable

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I certify that the above information is correct and that to the best of my knowledge and belief, I have completed the application in accordance with the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

Signed

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Date

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Last name

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First name

[illegible]

## Part 9 - Attorney(s) declaration

**Note:** This section should only be completed by the attorney(s) if they are applying for the registration of the Lasting Power of Attorney.

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We

apply to register the Lasting Power of Attorney (the original of which accompanies this application).

**i**

We

certify that the above information is correct to the best of my knowledge and belief.

A diagram consisting of a square on the left and a vertical line segment on the right, positioned such that the line segment is tangent to the right side of the square.

1

We

have completed the application within the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

Signed

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Date

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Last name

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First name

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If you are a trust corporation making this application please complete this declaration.

☐ I ☐ We

certify that the above information is correct and that to the best of my knowledge and belief, I have completed the application in accordance with the provisions of the Mental Capacity Act 2005 and all statutory instruments made under it.

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| Company seal (If applicable) |
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Mr.  Mrs.  Ms.  Miss  Other

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## Part 12 - Additional information

Please write down any additional information to support this application in the space below. If necessary attach additional sheets.