

A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

About the additional people

For each additional person, provide the following details

- Whether you want them to act as an attorney, replacement attorney or person to be told

! If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration

- Their title, full name, address (including postcode)
- Their date of birth

For example:

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962

About you

Name of person who is giving this lasting power of attorney

Date signed or marked

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

A3:PFA

Continuation sheet A3 (property and financial affairs) – if you cannot sign or make a mark

Use this continuation sheet if you cannot sign at part A of your lasting power of attorney.

Signature of someone signing on behalf of the person giving this lasting power of attorney

The person signing on behalf of the person giving this lasting power of attorney must

- sign in the person's presence **and** in the presence of **two witnesses**.
- sign in their own name
- not also be a witness.

Full name of the person signing

! Sign and date each continuation sheet at the same time as you sign part A here

You must sign and date part A here *before* parts B and C are signed and dated.

Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses

Date signed

Each witness

- Must be 18 or over
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheet A to this lasting power of attorney

- Can be a certificate provider at part B
- Can be a person to be told when the application to register this lasting power of attorney is made
- Must initial any changes made in Part A

Witnessed by

Signature of **first** witness

Date signed

Full names of first witness

Address and postcode of first witness

Postcode									

Also witnessed by

Signature of **second** witness

Date signed

Full names of second witness

Address and postcode of second witness

Postcode									

About you

Name of person who is giving this lasting power of attorney

Please **attach** to the **back** of your lasting power of attorney after this sheet has been signed and dated.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

B Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding

Your second certificate provider signs and dates this continuation sheet

Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = you only need **one** certificate provider so you do **not** need to fill in this continuation sheet

If no = the **second** certificate provider must fill in this continuation sheet

The **donor** is the person who is giving this lasting power of attorney.

By signing below, I confirm:

My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).

How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.

Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)

My profession and particular skills are:

Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

Continues over →

B Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding

Declaration by the person who is signing this certificate (continued)

Things you certify

I **certify** that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

Your signature

! Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign **as soon as possible** after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

Date signed

D	D	M	M	Y	Y	Y	Y
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Name and address of the person who is signing this certificate

Mr Mrs Ms Miss Other title

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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First names of certificate provider

Last name of certificate provider

Address and postcode of certificate provider

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

C Continuation sheet C – appointing a trust corporation as attorney or replacement attorney

Use this continuation sheet if you are appointing a trust corporation as attorney or replacement attorney.
A trust corporation cannot be going through winding-up proceedings.

Statement by the trust corporation acting as attorney or replacement attorney – person(s) signing on behalf of the trust corporation sign and date this statement

By execution of this deed the trust corporation confirms all of the following:

Understanding of role and responsibilities

It has read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

It understands its role and responsibilities under this lasting power of attorney, in particular it:

- has a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- can make decisions and act only when this lasting power of attorney has been registered
- must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or the Court of Protection on request.

Tick the option which applies:

Either:

☐

Seal of trust corporation stamped below

Or:

☐

At least one authorised person has signed and dated in the right-hand column



For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney.

Signed as a deed and delivered by

Signature of first authorised person

Full name of first person signing

Date signed

DDMMYYYY

Signature of second authorised person (*cross through if only one authorised person is required*)

Full name of second person signing

Date signed

DDMMYYYY

Company registration number

Please **attach** this sheet to the **back** of your lasting power of attorney **after** parts A and B are signed.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets