

## 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 1. It gives your donee very wide powers. Your donee may act as fully as you can, subject to basic restrictions set out in the lasting power of attorney and the Mental Capacity Act (Cap. 177A) ("the Act"). If you do not want to give such wide powers and want to give restricted or specific powers instead, you should use LPA Form 2 (which has to be drafted by 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](http://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

#### **Signature of Donor**

Sign Here

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**PART 1**

**DONOR'S PARTICULARS AND STATEMENT**

**PART 1A**  
*Particulars  
of Donor*

Full name as in ID

ID type

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

ID number

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 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 (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

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Signature of certificate issuer as witness

Date signed

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Affix  
seal  
here

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

Name of translator

ID type

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

ID number

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

### PART 2A *Statement by Donee*

1. I have read the Prescribed Information or it has been read to me.
2. 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.
3. I must have regard to the Mental Capacity Act Code of Practice.
4. I shall inform the Public Guardian if any of the following events, which terminates my appointment or power, occurs:
  - (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).
5. 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).
6. By signing, I consent to be appointed as a donee/replacement donee (where applicable).

### PART 2B *Particulars of \*Only / 1st Donee* (\*Delete as appropriate)

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

#### FOR OFFICIAL USE

LPA Reference Number

#### Signature of Donor

Sign Here

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# LASTING POWER OF ATTORNEY FORM 1 (2014)

## 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 2 to 6 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)

ID number

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

Language/dialect translated in

## PART 2C

### Particulars of 2<sup>nd</sup> Donee

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

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 2 to 6 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)

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

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**PART 2D**

**Particulars of  
Replacement  
Donee**

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

Full name as in ID

ID type

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

ID number

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 2 to 6 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)*

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

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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 3A

##### *Personal Welfare*

My donee shall have the authority to make decisions in all matters relating to my personal welfare, where I (the donor) no longer have the mental capacity to make such decisions:

☐ Yes ☐ No (please tick one box only)

If 'Yes' then:

- a. My donee's authority shall be subject to the terms of this lasting power of attorney and the provisions of the Act.
- b. My donee's authority shall extend to giving or refusing consent to the carrying out or continuation of treatment, including the conduct of a clinical trial, by a person providing health care for me:

☐ Yes ☐ No (please tick one box only)

- c. Where there is more than 1 donee, they shall act (please tick one box only):

☐ Jointly

☐ Jointly and severally

#### PART 3B

##### *Property and Affairs*

My donee shall have the authority to make decisions in all matters relating to my property and affairs, where I (the donor) no longer have the mental capacity to make such decisions:

☐ Yes ☐ No (please tick one box only)

If 'Yes' then:

- a. My donee's authority shall be subject to the terms of this lasting power of attorney and the provisions of the Act.

- b. The following restrictions apply (please tick box below if applicable):

☐ My donee shall not sell, transfer, convey, mortgage or charge my residential property at

without the approval of the court (please indicate one property only).

- c. My donee shall have the authority to dispose of my property by making gifts of cash on my behalf subject to section 14(3) and (4) of the Act (please tick one box only):

☐ No

☐ Yes, and the value of cash gifts is unrestricted

☐ Yes, but the total value of cash gifts shall not exceed \$  within 1 calendar year

- d. Where there is more than 1 donee, they shall act (please tick one box only):

☐ Jointly

☐ Jointly and severally

#### FOR OFFICIAL USE

LPA Reference Number

#### Signature of Donor

Sign Here

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**PART 3C**  
*Specific  
Powers*

My donee shall have the power to do any thing necessary or expedient to give effect to the decisions made by my donee, including the following where they are not inconsistent with the authority conferred in Part 3A and/or Part 3B:

- i. Sign by deed or otherwise all notices, applications, agreements, deeds, documents and forms;
- ii. Demand, recover and receive all sums of money payable to me and to give receipts;
- iii. Attend and vote at meetings and represent me in proceedings in any court or tribunal or any negotiation or mediation, engage any advocate and solicitor for any purpose in connection with this lasting power of attorney, and accept service of process or any notice or document, and
- iv. Obtain information (including confidential information) about me and/or my accounts from third parties. And this shall be my permission to third parties including (but not limited to) the Central Provident Fund Board, banks and financial institutions, insurance companies, healthcare institutions and workers, to release information about me and my accounts to my donee or any third parties as authorised by my donee in accordance with the authority conferred on my donee.

**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.
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

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**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

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**THIS APPLICATION IS MADE TO REGISTER THE ATTACHED  
DOCUMENT AS A LASTING POWER OF ATTORNEY (LPA)**

**Who may apply: The donor or a donee (all donees if they must act jointly)**

Date of this application

*Particulars of  
Donor*

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

*Particulars  
of \*only / 1st  
Donee*

(\*Delete as appropriate)

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

Relationship to donor

***Particulars of  
2<sup>nd</sup> Donee***

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

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

Relationship to donor

***Particulars of  
Replacement  
Donee***

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

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

**For Form 2: Please attach the particulars (as requested above) of all additional donee(s) and/or replacement donee(s) as an annex.**

I/We declare that the above information is correct to the best of my/our knowledge.

*Collection of  
registered LPA*

Please send the registered LPA by AR Registered Post to the following address:


*Signature(s) of  
applicant(s)*

I am/We are the  
(please tick one box only)

☐ Donor   ☐ Donee   ☐ Donees (Donees who are required to act jointly must all join in the application)

Name of applicant(s)

Signature

Date signed

	Name of applicant(s)	Signature	Date signed
1.			
2.			
3.			
4.			
5.			