

Full name as in ID

ID number

Country of issue

Date of birth (dd/mm/yyyy)

Name of translator

ID number

Language/dialect translated

☐

Please tick box if translator is certificate issuer

Full name as in ID

ID number

Country of issue

Date of birth (dd/mm)

Authorised to make decisions about(please tick one box only)

☐

personal welfare only

☐

property and affairs only

☐

both personal welfare and property and affairs

Name of witness

ID number

Language/dialect to

☐

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

Full name as in ID

ID number

Country of issue

Date of birth (dd/mm/yyyy)

☐

authorised to make decisions personally (please tick one box only)

☐

property and affairs only

☐

both personal welfare and property and affairs

Name of witness

ID number

☐

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

Full name as in ID

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 name

Name of witness

ID number

Language/dialect to

ase tick box if translation of the contents of this instrument was given by the witness

My donee shall have the authority to make decisions in all matters relating to my personal welfare, where I (the

☐

Yes

☐

No

If "Yes" then:

b. My donee's authority shall extend to giving or refusing consent to the carrying out or con

☐

Yes

☐

No

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

☐

Jointly

☐

Jointly and severally

My donee shall have the authority to make decisions in all matters relating to my property and affairs, where I (

☐

Yes

☐

No

If 'Yes' then:

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

☐

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

☐

My donee shall have the authority to dispose of my property by making gifts of cash on m

No

☐

Yes, and the value of cash gifts is unrestricted

☐

Yes, but the total value of cash gifts shall not exceed \$

in 1 calendar y

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

☐

Jointly

☐

Jointly and severally



Full name as in ID

MCR/NRIC number

Name of clinic/legal person

Contact number

I am (please tick one box only)

☐

Medical practitioner who is accredited by the Public Guardian to issue LPA

☐

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

☐

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

Date of this applica

Full name as in ID

Contact number (h

Contact number (office)

Contact number (m

Full name as in ID

Contact number (h

Contact number (office)

Contact number (m



Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

ered LPA by AR Registered Post to the following address:

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

☐

Donor

☐

Donee

☐

Donees (Donees who are required to

Name of applicant(s)

Date signed