

LPA Reference Number

LASTING POWER OF ATTORNEY FORM 1 (2014)

Hotline: 1800-226-6222 Website: www.publicguardian.gov.sg

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	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.	
	 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.	
	 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	d and delivered
	Signature of the donor	Affix seal
	Signature of certificate issuer as witness	Date signed 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		Signature of Donor

Sign Here

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