Full name as in ID			
Country of issue	ID number Date of birth (dd/ml		
Name of translator			
	ID number  e/dialect translated		
	Please tick box if tr	anslator is certificate is	suer

Full name as in ID			
		ID number	
Country of issue		Date of birth (dd/m	
	Authorised to make decis		
		personal welfare on	ly
		property and affairs	only
		both personal welfa	re and property and affairs

Name of witness	
	ID number
	Language/dialect ti
	ase 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/m
	norised to make decisiones sobralt (politiase diply one box only)
	property and affairs only
	both personal welfare and property and affairs
Name of witness	
	ID number  ase tick box if translationaongulnægeoodniæletst of this instrument was given by the witness

Full name as in ID		
		ID number
Country of issue		Date of birth (dd/m
	Replacement donee is to I	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 ti
	ase tick box if translation	on of the contents of this instrument was given by the witness

My donee shall ha	ve the a	authority to make decisions i	in all mat	atters relating to my personal welfare, where	ı (the
		Yes		No	
	If "Yes"	then:			
	b. My	donee's authority shall exte	nd to givi	ving or refusing consent to the carrying out o	or cor
		Yes		No	
	c.Whe	re there is more than 1 don	ee, they s	shall act (please tick one box only):	
		Jointly			
My donee shall ha	ve the a	Jointly and severally authority to make decisions i	in all mat	utters relating to my property and affairs, who	ere I
	If 'Yes'	then:			
	b. The	following restrictions apply	(please t	tick box below if applicable):	
		-		onvey, mortgage or charge my residential pr	-
	H	donee shall have the author No Yes, and the value of cash Yes, but the total value of c	gifts is ur		
		ere there is more than 1 dor Jointly Jointly and severally	nee, they	y shall act (please tick one box only):	πισαι

Full name as in ID	
MCR/NRIC numb	е
Name of clinic/leg	a Contact number
I am (please tick o	one box only)
	edical practicioner who is accredited by the Public Guardian to issue LPA
	ase tick box if translation of the contents of this instrument was given by the witness
	ase 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	
Full name as in ID  Contact number (h	
Contact number (h	
Contact number (h  Contact number (office)	

Full name as in ID	
Contact number (h	
Contact number (office)	
Contact number (m	
Full name as in ID	
Contact number (h	
Contact number (o	
Contact number (m	

	ered LPA b	by AR Registered	Post to the following address:
I am/ We are the (plea	ase tick one	box only)	
Donor		Donee	Donees (Donees who are required to
Name of applicant(s)			Date signed