

PART 1

DONOR'S PARTICULARS AND STATEMENT

PART 1A

*Particulars
of Donor*

Full name as in ID

Full name as in ID

ID type

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

Country of issue

ID number

PART 1B

*Statement
by Donor*

Country of issue

I, the Prescribed Information, 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.

Name of translator

according to the provisions of the Act.

4. I am 21 years or older and am not an undischarged bankrupt (where my donee has authority to make property and affairs of the donor).

5. I revoke any previous lasting power of attorney (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. I will inform the donee or donees in writing about the revocation.

Language/dialect translated

Signed and sealed by the donor as a deed and delivered

Signature of the donor

Signature of certificate issuer as witness

Date signed

Affix
seal
here

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

Name of translator

ID type

ID number

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

Signature of translator

Date signed

Please tick box if translator is certificate issuer

☐ 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*

Full name as in ID

1. I have read the Prescribed Information or it has been read to me.

under

3. I must have regard to the Mental Capacity Act Code of Practice.

4. I shall inform the Public Guardian if any appointment or power, occurs:

ID number

which terminates my

Country of issue

my appointment as donee;

be a bankrupt (where I have decisions);

Date of birth (dd/mm)

my and affairs

(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

ID number

*NRIC / Passport (*Delete as appropriate)

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

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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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

Name of witness

Name of witness

ID number

ID type

*NRIC / Passport (*Delete as appropriate)

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

Language/dialect

translated in

PART 2C

**Particulars
2nd Donee**

Full name as in ID

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

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

Full name as in ID

*NRIC / Passport (*Delete as appropriate)

Country of issue

ID number

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

Country of issue

Signed and sealed by the donee as a deed

Signature of the donee

Date of birth (dd/mm)

(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

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

Particulars of witness

Name of witness

property and affairs only

ID type

ID number

*NRIC / Passport (*Delete as appropriate)

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

Language/dialect translated in
both personal welfare and property and affairs

Name of witness

FOR OFFICIAL USE

LPA Reference Number

ID number

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

PART 2D

**Particulars of
Replacement
Donee**

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

Full name as in ID

ID type

ID number

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

Country of issue

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

Country of issue

Date of birth (dd/mm)

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

Replacement donee is to replace (please tick one box only)

☐

Particulars of witness

Name of witness

any donee that needs replacing

☐

ID type

ID number

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

any personal welfare donee that needs replacing

☐

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

Language/dialect translated in

any property and affairs donee that needs replacing

☐

this name

Name of witness

ID number

Language/dialect translated in

☐

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

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
authority to make

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

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:

If "Yes" then 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.

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

☐ 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

☐

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

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:

☐ Jointly ☐ 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.

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

☐

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

☐ Yes ☐ No
☐ My donee shall not sell, transfer, convey, mortgage or charge my residential property at

If 'Yes' then:

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

☐

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

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

☐

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

☐

☐ 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
Full name as in ID
Issuer

Full name as in ID

[Redacted box for Full name as in ID Issuer]

MCR/NRIC number

[Redacted box for MCR/NRIC number]

PART 4B

Statement
by Certificate
Issuer

Name of clinic/legal

[Redacted box for Name of clinic/legal]

(tick one box only)

Contact number

[Redacted box for Contact number]

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

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

Date of this applica
Particulars of Donor

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (h

Contact number (mobile)

Email address

Contact number (office)

Contact number (m
*Particulars of *only / 1st Donee*

Contact number (home)

Contact number (office)

(*Delete as appropriate)

Contact number (mobil

Email address

Full name as in ID

Relationship to donor

Contact number (h

Contact number (office)

Contact number (m

**Particulars of
2nd 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

Full name as in ID

[Redacted]

Contact number (home)
*Particulars of
Replacement
Donee*

[Redacted]

Contact number (office)
*(To strike out this
portion if not
applicable)*

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Contact number (mobile)

[Redacted]

[Redacted]

For Form 2: Please attach the particulars (as requested above) of all additional donee(s)

[Redacted]

Full name as in ID

[Redacted]

Contact number (home)

[Redacted]

Contact number (office)

[Redacted]

[Redacted]

Contact number (mobile)

[Redacted]

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:

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

*Signature(s)
applicant(s)*

(only)

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

Name of applicant(s)

Signature

Date signed

1.

2.

3.

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

4.

5.

☐

Donor

☐

Donee

☐

Donees (Donees who are required to

Name of applicant(s)

Date signed