

# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.



If you use this page, you must sign it.



For help with this section, see the Guide, parts A2, A4 and A6.

<input type="checkbox"/>	<b>Attorney</b>	LPA section 2
<input type="checkbox"/>	<b>Replacement attorney</b>	LPA section 4
<input type="checkbox"/>	<b>Person to notify</b>	LPA section 6

Title	First names
<input type="text"/>	<input type="text"/>

Last name

Date of birth (not required for 'person to notify')

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Email address (optional)

<input type="checkbox"/>	<b>Attorney</b>	LPA section 2
<input type="checkbox"/>	<b>Replacement attorney</b>	LPA section 4
<input type="checkbox"/>	<b>Person to notify</b>	LPA section 6

Title	First names
<input type="text"/>	<input type="text"/>

Last name

Date of birth (not required for 'person to notify')

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Email address (optional)

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Day Month Year