

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

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

### 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