

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300



! Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



Help?

For help with this section, see the Guide, part A11.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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Day Month Year

Title First names

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Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode