

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