

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"/>
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Day Month Year

Address

Postcode

Email address (optional)

<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"/>
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Day Month Year

Address

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"/>
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Day

Month

Year