# Signing and registering your property and finance LPA



Your complete LPA and registration section follows this cover sheet. It will look different from the digital service but it includes all the information you entered online. It's now ready for you to sign and send to OPG.

Your LPA isn't legally valid yet and your attorneys can't use it. To make it valid, you need to sign it and register it with OPG. What you need to do:

#### O Print and read the LPA

You can print the LPA single or 2-sided. If you print single-sided, there are blank pages between the main LPA document and any continuation sheets.

Everyone must read section 8 before signing.

Don't staple or bind your LPA. Send it to us as loose pages.

# Sign the LPA in the right order

The LPA must be signed in the right order - if not, OPG cannot register the LPA and you may have to pay the application fee again.

Log into your online LPA account to check your signing dates and reprint if you've made a mistake.

### How to sign and date your LPA

People can sign on the same day or different days but must sign in the right order. Witnesses must give their full name and address. Please write in capital letters using a black pen.

- **Donor** signs and dates any continuation sheets. **Donor** signs and dates **section 9**, followed by the **donor's witness**
- 2 Certificate provider signs and dates section 10
- Attorneys and any replacement attorneys sign and date section 11, followed by their witnesses
  - **The applicant** signs and dates **section 15**. Don't forget to send the notification letters if you have 'people to notify'

#### O Who can be a witness in the LPA?

- anyone aged 18 or over, apart from the donor, can be a witness in an LPA
- the certificate provider and any 'people to notify' can be a witness
- attorneys or replacement attorneys can witness each other's signature but not the donor's

#### O Post the LPA to OPG

You **must** send:

- all the pages of the LPA document (sections 1 to 15)
- any continuation sheets you've used

If applying for a **fee reduction**, you must also send:

- your signed, completed application for exemption or remission (LPA120); if you applied for a fee reduction, there'll be a link to download the form where you downloaded this document
- supporting evidence; make sure you read the guidance on the LPA120 about acceptable evidence or it may delay registration

If **paying by cheque**, you must also send:

• cheque for £82 or the reduced fee amount, made payable to 'Office of the Public Guardian'; write the donor's name on the back of the cheque

If you've **paid online**, OPG must receive the LPA within 40 days or your payment will be refunded. You can still send the LPA to OPG after 40 days but you will be contacted to pay again if you've been refunded.

Send everything to: Office of the Public Guardian

PO Box 16185

Birmingham B2 2WH

### O What happens once OPG receives the LPA?

If there are no problems with the LPA, we'll register it and send it to the correspondent. If we cannot register the LPA, we'll write to the correspondent to let them know.





# Lasting power of attorney for property and financial affairs

#### Section 1

#### The donor

For OPG office use only

Month

Only valid with the official stamp here.

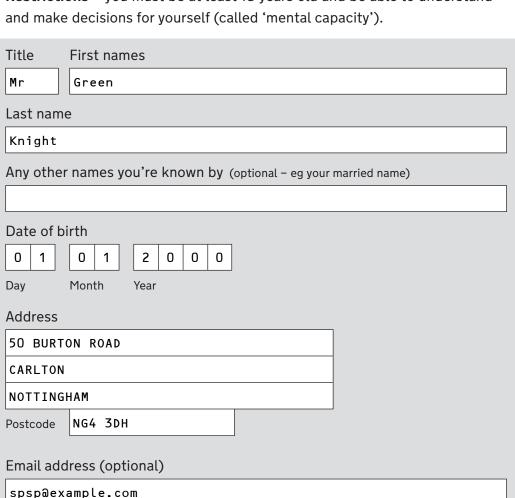
Year

LPA registration date

Day

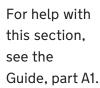
You are appointing other people to make decisions on your behalf. You are 'the donor'.

Restrictions – you must be at least 18 years old and be able to understand



OPG reference number





If you are filling this in for a friend or relative and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

LP1F Property and financial affairs (07.15)

# The attorneys





The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

#### You need at least one attorney, but you can have more.

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

To appoint a trust corporation, fill in the first attorney space and tick the box in that section. They must sign Continuation sheet 4. For more about trust corporations, see the Guide, part A2.

**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.

For help with this section, see the Guide, part A2.

Title First names	Title First names
Mr Attorney	
Last name (or trust corporation name)	Last name
Attorney	
Date of birth  O 1 0 1 2 0 0 0  Day Month Year	Date of birth  Day Month Year
Address	Address
50 BURTON ROAD	
CARLTON	
NOTTINGHAM	
Postcode NG4 3DH	Postcode
Email address (optional)	Email ad ess (optional)
att@example.com	
This attorney is a trust corporation.	

# Section 2 - continued



Title First names	Title First names		
Last name	Last name		
Date of birth	Date of birth		
Day Month Year	Day Month Year		
Address	Address		
Postcode	Postcode		
Email activess (optional)	Email ar ress (optional)		
More attorneys – I want to appoint more than 4 attorneys. Use Continuation sheet 1.			

#### How should your attorneys make decisions?

Helpline 0300 456 0300

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

How do you want your attorneys to work together? (tick one only)

I only appointed one attorney (turn to section 4)

For help with this section, see the Guide, part A3.

# Jointly and severally

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

#### Jointly

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

#### Jointly for some decisions, jointly and severally for other decisions

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the the Guide, don't match your needs.

# Replacement attorneys





#### This section is optional, but we recommend you consider it

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

To appoint a trust corporation, fill in the first attorney space below and tick the box in that section. They must sign Continuation sheet 4.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or subject to a debt relief order or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A4.

Title First names	Title First names		
Last name (or trust corporation name)	Last name		
Date of birth  Day Month Year	Date of birth  Day Month Year		
Address	Address		
Recode	Riccode		
This attorney is a trust corporation.			
More replacements – I want to appoint more than two replacements. Use Continuation sheet 1.			

#### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change when or how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

Only valid with the official stamp here.

LP1F Property and financial affairs (07.15)

### When can your attorneys make decisions?

Helpline 0300 456 0300



You can allow your attorneys to make decisions:

- as soon as the LPA has been registered by the Office of the Public Guardian
- only when you don't have mental capacity

While you have mental capacity you will be in control of all decisions affecting you. If you choose the first option, your attorneys can only make decisions on your behalf if you allow them to. They are responsible to you for any decisions you let them make.

Your attorneys must always act in your best interests.



As soon as my LPA has been registered (and also when I don't have mental capacity)

Most people choose this option because it is the most practical.

While you still have mental capacity, your attorneys can only act **with your consent**. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you – for example, if you're away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

#### Only when I don't have mental capacity

**Be careful –** this can make your LPA a lot less useful. Your attorneys might be asked to prove you do not have mental capacity each time they try to use this LPA.

Help?

For help with this section, see the Guide, part A5.

# People to notify when the LPA is registered



#### This section is optional

Only valid with the official stamp here.

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

#### You can't put your attorneys or replacement attorneys here.

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title First names	Title First names		
Last name	Last name		
Address	Address		
Postulae	Post de		
Title First names	Title First names		
Last name	Last name		
Address	Address		
Posturae	Post de		
I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.			
i want to appoint another person to notify (maxir	num is 3) - use Commutation sheet i.		

#### Preferences and instructions

# Helpline 0300 456 0300

#### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank - you can just talk to your attorneys so they understand how you want them to make decisions for you.



#### **Preferences**

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

For help with this section, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'

I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I would prefer to be treated in a preferential manner. I



| I need more space – use Continuation sheet 2.

#### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.



If you want to give instructions, you may want to take legal advice.

Be careful – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.

Instructions - use words like 'must' and 'have to'

Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like. Attorneys must not do anything that I don't like.



I need more space – use Continuation sheet 2.

### Your legal rights and responsibilities





#### Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from www.gov.uk/opg/mca-code or from The Stationery Office.

#### Your attorneys must follow the principles of the Mental Capacity Act:

- 1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
- 2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
- 3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
- 4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
- 5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

#### Before this LPA can be used:

- it must be registered by the Office of the Public Guardian (OPG)
- it may be limited to when you don't have mental capacity, according to your choice in section 5

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, part D.



For help with this section, see the Guide, part A8.

# Signature: donor

# Helpline 0300 456 0300

#### By signing on this page I confirm all of the following:

- 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 appoint and give my attorneys authority to make decisions about my property and financial affairs, including when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties

# I Be careful

Sign this page (and any continuation sheets) before anyone signs sections 10 and 11.

Donor	Witness
Signed (or marked) by the person giving this	The witness must not be an attorney or
lasting power of attorney and delivered as a deed.	replacement attorney appointed under this LPA, and must be aged 18 or over.
	-
Signature or mark	Signature or mark
Date signed or marked	Full name of witness
Day Month Year	Address
If you have used Continuation sheets 1 or 2 you	
must sign and date each continuation sheet at the	
same time as you sign this page.	
If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you	Postcode
can instruct someone else to sign for you, using	
Continuation sheet 3.	



For help with this section, see the Guide, part A9.

### Signature: certificate provider





#### Only sign this section after the donor has signed section 9



The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

#### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years OR
- the donor has chosen me as a person with relevant professional skills and expertise

Restrictions - the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

Certifica	ate provider
Title	First names
Mr	Cee
Last nam	ne
Pee	
Address	
50 BUR	TON ROAD
CARLTO	N
NOTTING	SHAM
Postcode	NG4 3DH
Signatur	e or mark
Date sig  Day	ned or marked  Month Year

### Signature: attorney or replacement





# 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.

# Help?

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

#### 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 and at the time indicated in section 5 of this LPA

Attorney or replacement attorney	Witness
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.
Signature or mark	Signature or mark
Date signed or marked  Day Month Year  Title First names  Mr Attorney	Full names of witness  Address
Last name Attorney	Postcode

### Signature: attorney or replacement





# 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.

# Help?

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

#### 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 and at the time indicated in section 5 of this LPA

Attorney or replacement attorney	Witness		
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.		
Signature or mark	Signature or mark		
Date signed or marked	Full names of with		
Day Month Year			
Title First names	Address		
Last name	Postcode		

### Signature: attorney or replacement





# 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.

# Helm?

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

#### 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 and at the time indicated in section 5 of this LPA

Attorney or replacement attorney	Witness
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.
Signature or mark	Signature or mark
Date signed or marked	
	Full names of with
Day Month Year	Address
Title First names	Address
Last name	
	Postcode

### Signature: attorney or replacement





# 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.

# Help?

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

#### 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 and at the time indicated in section 5 of this LPA

Attorney or replacement attorney	Witness
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.
Signature or mark	Signature or mark
Date signed or marked	
	Full names of with
Day Month Year	Address
Title First names	Address
Last name	
	Postcode

# Continuation sheet 2

# **Additional information**



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



If you use this page, you must sign it.

What additional information are you providing?	$\sim$
Use a fresh copy of this page for each type of additional information	Help?
Decisions attorneys should make jointly LPA section 3  How replacement attorneys step in and act LPA section 4  Preferences LPA section 7  Instructions LPA section 7	For help with this section, see the Guide, parts A3, A4 and A7.
(Continued) would prefer to be treated in a preferential manner. I would p a preferential manner. I would prefer to be treated in a prefe would prefer to be treated in a preferential manner. I would p a preferential manner. I would prefer to be treated in a prefe would prefer to be treated in a preferential manner. I would p a preferential manner	rential manner. I refer to be treated in rential manner. I
Donor	
You must sign here before you sign section 9 of the LPA, or on the same day.	
Full name	
Mr Green Knight	
Signature or mark  Date signed or marked  Day Month Year	

# Continuation sheet 2

### **Additional information**



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



If you use this page, you must sign it.

What additional information are you providing?	<u> </u>	$\mathcal{O}$
Use a fresh copy of this page for each type of add	ditional information	Help?
Decisions attorneys should make jointly LP	A section 3	<b>4</b> -
How replacement attorneys step in and act	LPA section 4	For help with this
Preferences LPA section 7		section, see the Guide, parts A3,
Instructions LPA section 7		A4 and A7.
(Continued) Attorneys must not do anything that I o	on't like. Attornevs mus	st not do anything
that I don't like. Attorneys must not o		
not do anything that I don't like. Atto		
Attorneys must not do anything that I o		
that I don't like. Attorneys must not o		
not do anything that I don't like. Atto	rneys must not do anyth	ing that I don't like.
Attorneys must not do anything that I o	on't like. Attorneys mus	st not do anything
that I don't like. Attorneys must not o	o anything that I don't	like. Attorneys must
not do anything that I don't like. Atto	rneys must not do anyth	ing that I don't like.
Attorneys must not do anything that I o	on't like. Attorneys mus	st not do anything
that I don't like. Attorneys must not o	o anything that I don't	like. Attorneys must
not do anything that I don't like.		
Donor		
	h - I DA th day	
You must sign here before you sign section 9 of t	ne LPA, or on the same day.	
Full name		
Mr Green Knight		
Signature or mark	ate signed or marked	
	ay Month Year	
	ay Month Year	



### Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part B of the Guide.

#### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See part C of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

#### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

# Register your lasting power of attorney



#### Section 12

# The applicant

You can only apply to register if you are either the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

Who is applying to register the LPA? (tick one only)	Help?
➤ Donor – the donor needs to sign section 15 Attorney(s) – If the attorneys were appointed jointly (in section 3) then they all need to sign section 15. Otherwise, only one of the attorneys needs to sign	For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title First names  Last name  Date of birth	Title First names  Last name  Date of birth
Day Month Year	Day Month Year
Title First names  Last name	Title First names  Last name
Date of birth  Day Month Year	Date of birth  Day Month Year

# Who do you want to receive the LPA?



We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

We already have the addresses of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

Who would you like to receive the LPA and any correspondence?
The donor
An attorney (write name below)
Other (write name and address below)
Title First names
Last name
Company (optional)
Address
P ode
How would the person above prefer to be contacted?
You can choose more than one.
Post
Phone
Email spsp@example.com
Email spsp@example.com
Welsh (we will write to the person in Welsh)



For help with this section, see the Guide, part B3.

# **Application fee**



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at www.gov.uk/power-of-attorney/how-much-it-costs or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

How would ye	ou like to pay?	
Card	For security, <b>don't</b> write your credit or debit card details here. We'll contact you to process the payment.	Help?
X Cheque	Your phone number  Enclose a cheque with your application.	For help with this section, see the Guide, part B4.
I want to	as a low income, you may not have to pay the full amount. See rt B4 for details.  apply to pay a reduced fee ed to fill in form LPA120 and include it with your application. To need to send proof that the donor is eligible to pay a	
If you've alread Guardian said within 3 mont	ng a repeat application?  Indy applied to register an LPA and the Office of the Public  It that it was not possible to register it, you can apply again  It is and pay half the fee.  Independent application  Independent application  Independent application	
For OPG office		
Payment date		



# **Signature**



Do not sign this section until after sections 9, 10 and 11 have been signed.

0300 456 0300

Helpline

The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

#### By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

Signature or mark
Date signed
Day Month Year

If more than 4 attorneys need to sign, make copies of this page.