# **Additional people**



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.



Attorney LPA section 2	Attorney LPA section 2	
Replacement attorney LPA section 4	Replacement attorney LPA section 4	
Person to notify LPA section 6	Person to notify LPA section 6	
Title First names	Title First names	
MR AGARWAL	MRS CHANDINI	
Last name	Last name	
CHAUTALA	KHANA	
Date of birth (not required for 'person to notify')  0 1 0 2 1 9 7 8  Day Month Year	Date of birth (not required for 'person to notify')  0 3 0 5 1 9 8 3  Day Month Year	
Address	Address	
3 BMX ROAD	4 KABHI KHUSHI KABI GHAM ROAD	
MOUNTAINSHIRE	AFLATOON COLONY	
Postcode MT2 2TM	Postcode AF2 3PR	
Email address (optional)	Email address (optional)	
a-c@gmail.com	c_khana@luv.com	
Donor		
You must sign here before you sign section 9 of the LPA, or on the same day.		
Full name KATIE HORTON		
orginature or many	signed or marked  0 2 2 0 2 5  Month Year	

## **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?  Use a fresh copy of this page for each type of additional information  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  REPLACEMENT ATTORNEY CAN ACT ON THEIR OWN BUT SOMETIMES	Help? For help with this section, see the Guide, parts A3, A4 and A7.	
NOBODY		
Ponor  You must sign here before you sign section 9 of the LPA, or on the same day.  Full name  CATIE HORTON  Signature or mark  Date signed or marked  1 6 0 2 2 0 2  Day Month Year		

## If the donor cannot sign or mark





Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

Donor	Witnesses
Full name	Witnesses must <b>not</b> be attorneys or
KATIE HORTON	replacement attorneys appointed under this LPA and must be aged 18 or over.
	this Li A and must be aged to or over.
Signatory	Signature or mark of first witness
You must:	
<ul> <li>sign in the donor's presence and in the presence of 2 witnesses</li> </ul>	Full name of first witness
• sign in your own name	PINK PANTHER
<ul> <li>not also be a witness to this LPA</li> </ul>	Address of first witness
• sign any copies of Continuation Sheet 1 and 2	PANTHER ROAD
used in this LPA at the same time  If the LPA is for health and care decisions:	LION GROVE
<ul> <li>you must also sign and date either Option         A or Option B of Section 5, as directed         by the donor     </li> </ul>	Postcode LG25 2TL
<ul> <li>your signature in Section 5 must be witnessed</li> </ul>	Signature or mark of second witness
Signed as a deed and delivered in the presence of and at the direction of the person giving this	
lasting power of attorney and in the presence of two witnesses.  Signature or mark	Full name of second witness
	ZAMAN KHAN
	Address of second witness
	LION GROVE
	PANTHER ROAD
Full name of person signing	
	Postcode PR3 2OL
Date signed or marked  1 6 0 2 2 0 2 5  Day Month Year	
For help with this section,	

Witnesses

see the Guide, part A9.

Help?

## Trust corporation appointed as an attorney



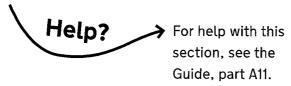


Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney

# By execution of this deed the trust corporation understands and confirms all of the following:

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has 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.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

Further statement by a trust corporation acting as a replacement attorney: It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.



#### Company registration number

2233445566

I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney.

### Signed as a deed and delivered by:

Signature of first authorised person

Full name of first authorised person

**JONES RED** 

Date signed or marked

1 6 0 2 2 0 2 5

Day Month Year

Signature of second authorised person (if required)

Cz

Full name of second authorised person (if required)

STAR JACKSON

Date signed or marked (if required)

1 6 0 2 2 0 2 5

Day Month Year