

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.



Attorney LPA section 2

Replacement attorney LPA section 4

Person to notify LPA section 6

Title First names

Dr Henry

Last name

Taylor

Date of birth (not required for 'person to notify')

1 0 0 9 1 9 7 3

Day Month Year

Address

Lark Meadow Drive

Solihull

Birmingham

Postcode B37 6NA

Email address (optional)

opglpademo+HenryTaylor@gmail.com

Attorney LPA section 2

Replacement attorney LPA section 4

Person to notify LPA section 6

Title First names

Mr Elliot

Last name

Sanders

Date of birth (not required for 'person to notify')

1 0 1 0 1 9 8 7

Day Month Year

Address

12 Church Lane

Brierfield

Lancashire

Postcode L21 4WL

Email address (optional)

opglpademo+ElliotSanders@gmail.com

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Mrs Nancy Garrison

Signature or mark

[Large empty box for signature]

Date signed or marked

[Four small boxes for date: Day, Month, Year]

Day Month Year