

C Continuation sheet C – appointing a trust corporation as attorney or replacement attorney

Use this continuation sheet if you are appointing a trust corporation as attorney or replacement attorney.
A trust corporation cannot be going through winding-up proceedings.

Statement by the trust corporation acting as attorney or replacement attorney – person(s) signing on behalf of the trust corporation sign and date this statement

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

Understanding of role and responsibilities

It has read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

It understands its role and responsibilities under this lasting power of attorney, in particular it:

- has a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- can make decisions and act only when this lasting power of attorney has been registered
- must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or the Court of Protection on request.

Tick the option which applies:

Either:

☐

Seal of trust corporation stamped below

Or:

☐

At least one authorised person has signed and dated in the right-hand column



For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

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 person signing

Date signed

DDMMYYYY

Signature of second authorised person (*cross through if only one authorised person is required*)

Full name of second person signing

Date signed

DDMMYYYY

Company registration number

Please **attach** this sheet to the **back** of your lasting power of attorney **after** parts A and B are signed.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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