60.

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P.5, r.7, P.7, r.20 FJ(G)R 2024

Para 59(6) PD 2024

**Affidavit (For Appointment of Deputy)**

[Enter party type here]: [Enter name of maker here]: [Enter ordinal number of affidavit (in relation to previous affidavits filed by the same party) here]: [Enter date of affidavit filed here]: [Enter hearing type and summons no. (if applicable) here][[1]](#footnote-1)

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

|  |  |
| --- | --- |
| Originating Application  No. FC/OAM [number]/[year]  Sub Case No. [number]/[year][[2]](#footnote-2) | Between  [Applicant’s name]  [ID No.]  … Applicant(s)  And  [Respondent’s name]  [ID No.]  … Respondent(s) |

**AFFIDAVIT**

**(For appointment of Deputy)**

**Section 1: Introduction**

|  |  |
| --- | --- |
| Name of maker: | Enter full name as per NRIC/ Passport here. |
| Identity No.: | Enter NRIC/ FIN/ Passport no. here. |
| Address: | Enter address here. |
| Occupation: | Enter occupation here. |

|  |  |
| --- | --- |
| 1a. | I am the Applicant and I make this affidavit in support of my application. |
| 1b. | Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief. |
| 1c. | I confirm that the information set out in this affidavit is true and correct. |

**Section 2: Applicant’s Particulars**

|  |  |
| --- | --- |
| Name of Applicant: | Enter full name as per NRIC/ Passport here. |
| Identity No.: | Enter NRIC/ FIN/ Passport no. here. |
| Date of birth: | Enter date here. |
| Age: | Enter age here. |
| Gender: | Male  Female |
| Telephone number: | Enter telephone no. here. |
| Email: | Enter email address here. |
| Occupation: | Enter occupation here. |
| Name and address of employer: | Enter details here. |
| Monthly income: | |  |  | | --- | --- | | **Source of Income** | **Value** | | *(e.g. salary, insurance, government payouts, rental etc.)* | Enter value here. | | *(e.g. salary, insurance, government payouts, rental etc.)* | Enter value here. | | **TOTAL** | Enter total here. | |
| Relationship to patient (“P”) as referred to in Section 4 below (i.e. the person alleged to lack capacity):[[3]](#footnote-3) | Select the applicable option.  If “Others” is selected, please specify: Enter details here. |

**Section 3: Information about Applicant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3a. | *Please indicate the options applicable to you.*   |  |  | | --- | --- | |  | I am not an undischarged bankrupt. | |  | I am not facing any bankruptcy actions. | |  | I have not been appointed as a Donee or Deputy for someone else. | |  | To the best of my knowledge and belief, I have not been the subject of any formal complaint to the Office of the Public Guardian. | |  | I have not been suspended or removed in respect of any appointment as a Donee or Deputy for anyone. | |  |  | |
| 3b. | *Please indicate the options applicable to you.*   |  |  | | --- | --- | |  | I declare that I do not have any outstanding loans or debts at all. | |  | I declare that I do not have any outstanding loans or debts except for the following loans / debts, and I further declare that I am able to pay my loans and debts as and when they become due and payable.   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Type of debt/liability** | **Particulars of debt/liability** | **Amount owed** | | **(i)** | Enter details here | Enter details here | Enter amount here | | **(ii)** | Enter details here | Enter details here | Enter amount here | | **(iii)** | Enter details here | Enter details here | Enter amount here | | **TOTAL** | | | Enter total amount here | | |  |  | |

**Section 4: Information about P**

|  |  |  |
| --- | --- | --- |
| Name of P: | | Enter full name as per NRIC/ Passport here. |
| Identity No.: | | Enter NRIC/ FIN/ Passport no. here. |
| Date of birth: | | Enter date here. |
| Age: | | Enter age here. |
| Gender: | | Male  Female |
| Marital status:[[4]](#footnote-4) | | Select the applicable option |
| Address at which P is currently residing: | | Enter addresss here. |
|  | |  |
| 4a. | Is P living at an organisation providing accommodation (e.g. nursing home / community hospital)?    No.  Yes. Enter details here. | |
| 4b. | Do you confirm that, to the best of your knowledge and belief, P’s incapacity is as set out in the doctor’s affidavit(s) and medical report(s) filed in support of your application?  No.  Yes. | |
| 4c. | P’s current care arrangements and main caregiver(s):   |  |  | | --- | --- | | When did P start staying at the current residence?   |  | | --- | | Enter details here. | | |  | | Who is P living with?   |  | | --- | | Enter details here. | | |  | | Who is P’s main caregiver(s) and what is the caregiver’s contact?   |  | | --- | | Enter details here. | | |  | | How often does the Applicant visit P?   |  | | --- | | Enter details here. | | | When was the Applicant’s last visit to P if they do not live in the same household?   |  | | --- | | Enter details here. | | | |
| 4d. | P’s expenses:[[5]](#footnote-5)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S/N** | **Type of expense** | **Particulars of expense** | **Amount** | **Frequency**  **(Monthly / Annually / One-off)** | | (i) | Food & sundries | Enter details here | Enter amount here | Enter details here | | (ii) | Medical | Enter details here | Enter amount here | Enter details here | | (iii) | Transport | Enter details here | Enter amount here | Enter details here | | (iv) | Utilities | Enter details here | Enter amount here | Enter details here | | (v) | Foreign Domestic Worker (FDW) Salary and Levy | Enter details here | Enter amount here | Enter details here | | (vi) | Nursing Home fees | Enter details here | Enter amount here | Enter details here | | (vii) | Insurance Premiums | Enter details here | Enter amount here | Enter details here | | (viii) | Others | Enter details here | Enter amount here | Enter details here | | **TOTAL** | | | Enter total amount here | | | |
|  |  | |
| 4e. | P’s income and sources of such income:[[6]](#footnote-6)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S/N** | **Source of income** | **Particulars of income** | **Amount** | **Frequency**  **(Monthly / Annually / One-off)** | | (i) | Salary (e.g. pension) | Enter details here | Enter amount here | Enter details here | | (ii) | Financial assistance from government / social / religious organisations | Enter details here | Enter amount here | Enter details here | | (iii) | CPF pay-out (e.g. CPF LIFE) | Enter details here | Enter amount here | Enter details here | | (iv) | Rental | Please provide relevant details such as the address of the property and length of the lease | Enter amount here | Enter details here | | (v) | Dividends | Please provide relevant details such as the name of the company | Enter amount here | Enter details here | | (vi) | Others (e.g. inheritance, gifts, allowances, sale of other assets, gratuity, compensation pay-outs) | Enter details here | Enter amount here | Enter details here | | **TOTAL** | | | Enter total amount here | | | |
|  |  | |
| 4f. | P’s assets and up to date value (to the best of your knowledge) of these assets:   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Type of asset** | **Particulars of asset** | **Amount** | | (i) | CPF | Ordinary Account (OA) | Enter amount here | | Special Account (SA) | Enter amount here | | MediSave Account (MA) | Enter amount here | | Retirement Account (RA) | Enter amount here | | (ii) | Bank account | Please provide relevant details such as the name of the bank and the account number | Enter amount here | | (iii) | Insurance policy | Please provide relevant details such as the name of the insurance company and the policy number | Enter amount here | | (iv) | Investment (e.g., stocks, shares) | Please provide relevant details such as the name of the company and the number of shares held | Enter amount here | | (v) | Property | Please provide relevant details such as the address of the property | Enter amount here | | (vi) | Other asset(s) | Enter details here | Enter amount here | | **TOTAL** | | | Enter total amount here | | |
|  |  | |
| 4g. | *Please indicate which options are applicable and provide details where applicable.*  P has no outstanding debts or liabilities.  P’s debts or liabilities are as follows:   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Type of debt/liability** | **Particulars of debt/liability** | **Amount owed** | | (i) | Loans (secured or unsecured) | Enter details here | Enter amount here | | (ii) | Outstanding Bills[[7]](#footnote-7) | Enter details here | Enter amount here | | (iii) | Credit card debt | Enter details here | Enter amount here | | (iv) | Court-ordered spousal/child maintenance | Enter details here | Enter amount here | | **TOTAL** | | | Enter total amount here | | |
|  |  | |
| 4h. | *Please indicate which options are applicable and provide details where applicable.*   |  |  | | --- | --- | |  | P has not received and is not going to receive any form of compensation or award of damages | |  | P has received or is going to receive the following compensation or award of damages:   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Nature of claim** | **Status of claim / proceedings[[8]](#footnote-8)** | **Amount** | | (i) | Enter details here | Enter details here | Enter amount here | | (ii) | Enter details here | Enter details here | Enter amount here | | **TOTAL** | | | Enter total amount here | | | |
|  |  | |
| 4i. | Lasting Power of Attorney  *Please indicate which of the following is applicable, and please exhibit the relevant search results.*   |  |  | | --- | --- | |  | P made a Lasting Power of Attorney and the Registration No. is: Enter details here. | |  | P made an instrument intended to create a Lasting Power of Attorney but it has not been registered yet. | |  | P has not made a Lasting Power of Attorney and, as far as I am aware, P has not made an instrument intended to create a Lasting Power of Attorney. | | |
|  |  | |
| 4j. | Has P made a will?  No.  Yes.  I do not know. | |
| 4k. | Previous legal applications concerning P  *Please indicate which of the following is applicable.*   |  |  | | --- | --- | |  | There has been no application or order made relating to P under the Mental Capacity Act 2008 as well as the repealed Mental Disorders and Treatment Act. | |  | There was an application or order made relating to P under the Mental Capacity Act 2008 or the repealed Mental Disorders and Treatment Act in case no. Enter details here. | |  | Have the Applicant(s) and/or P been involved in any kind of Court proceedings (e.g. criminal, civil, family or tribunal proceedings)?  No.  Yes. Enter details here | |  | Are there any intended court proceedings involving the Applicant(s) which may directly or indirectly affect the rights or obligations of P?  No.  Yes. Enter details here | | |

**Section 5: Information about Relevant Persons**

*Please do not leave any blanks. Please state “Nil” if there is no one in the category in question. If a Relevant Person has passed away, please state the person’s name and indicate “(deceased)” after the name. Please list all of P’s relatives in the categories set out below even if you are of the view that some or all of them are not, by definition, Relevant Persons. If you feel that certain relatives are not Relevant Persons, please set out your reasons in the space provided below. Use additional rows if required.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5a. | The Relevant Persons are:   |  |  |  |  | | --- | --- | --- | --- | |  | **Name** | **NRIC/FIN/Passport No.** | **Age** | | Spouse | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Mother | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Father | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Child | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Child | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Sibling | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | | Sibling | Enter name here | Enter NRIC/FIN/Passport no. here | Enter age here | |
|  |  |
| 5b. | Other Relevant Persons who are likely to have an interest in an application concerning P[[9]](#footnote-9):   |  |  |  |  | | --- | --- | --- | --- | | **Full name** | **NRIC/FIN/Passport No.** | **Age** | **Relationship to P** | | Enter name here | Enter NRIC/FIN/PP no. here | Enter age here | Enter details here | | Enter name here | Enter NRIC/FIN/PP no. here | Enter age here | Enter details here | | Enter name here | Enter NRIC/FIN/PP no. here | Enter age here | Enter details here | |
|  |  |
| 5c. | Have you obtained the consent of the Relevant Persons named above?[[10]](#footnote-10)  Yes.  No. *If you have not done so, explain why:*   |  | | --- | | Enter details here | |

**Section 6: Information about Orders Requested**

|  |  |  |
| --- | --- | --- |
| 6a. | Of all relevant persons, why are you best suited to be appointed the Deputy/Deputies for the patient?   |  | | --- | | *Please state the reasons why you believe the Court should appoint you as Deputy/Deputies* | |
|  |  |
| 6b. | What is your proposed plan for the care of P? (“care arrangements”)   |  | | --- | | *Please include details of P’s medical condition and treatment* | |
|  |  |
| 6c. | What is your proposed plan for the management of P’s property and affairs (“financial management plan”)? Please state for instance how would P’s monies be used in respect of his expenses, and if any investments would be made.   |  | | --- | | Enter details here. | |
|  |  |
| 6d. | Why do you require an Order under the Mental Capacity Act 2008 at this point in time?   |  | | --- | | *Please state the circumstances that may have required or led to this application being filed.* | |

**Section 7: Confirmation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7a. | I confirm that:   |  |  | | --- | --- | |  | there are no other relevant persons who may be interested in this application; | |  | there are no other relatives or friends who have a close relationship with P; | |  | there are no other persons who have a legal duty to support P; | |  | there are no other persons who will benefit from P’s estate; and | |  | there are no other persons who are responsible for P’s care. | |
|  |  |
| 7b. | I declare and undertake as follows:   |  |  | | --- | --- | |  | I understand my responsibilities if I am appointed as Deputy or Successor Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duties as P’s deputy, and I will not use my position for any personal benefit. | |  | I will have regard to the Mental Capacity Act Code of Practice and act in accordance with the principles of the Mental Capacity Act 2008. In particular, I will act and make decisions for P in P’s best interests. | |  | I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P’s behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter. | |  | I understand that if I am appointed as a deputy, the Public Guardian may contact me via SMS and/or email. | |  |  | |
| 7c. | I confirm that the documents exhibited herein and marked are true copies of the originals. |
| 7d. | Upon the Court declaring that P lacks capacity to make decisions about the matters set out in the Applicant’s Form, I seek an order in terms of my application. |

**Section 8: Affirmation**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024 (“FJ(G)R”).

**Section 9: Exhibit Content Page[[11]](#footnote-11)**

You must attach, with your application, a copy of the documents in Table 9-1 (if applicable) and all documents which you intend to rely on to support your position (collectively “Required Documents”).

If you are unable to provide the Required Documents, you must explain the lack of documents in Table 9-2.

You may wish to refer to Part 9, Rule 16 of the FJ(G)R for the consequences of not providing the Required Documents.

**Table 9-1**

|  |  |  |
| --- | --- | --- |
| **Exhibit number** | **Document Name / Reference in Affidavit to the exhibit**  *(e.g. Paragraph 1 of Section 5)* | **Page numbers** |
| **Supporting Documents (Standard documents)** | | |
| **Section 2** | | |
| E1 | Documents that prove the Applicant’s relationship to P  (e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.) | Enter page no. here |
| **Section 4** | | |
| E2 | Documents relating to P’s assets  (e.g. bank statements, CPF statements, CDP statements, insurance documents, title search documents etc.) | Enter page no. here |
| E3 | Office of the Public Guardian search result showing if P has registered a Lasting Power of Attorney | Enter page no. here |
| E4 | Office of the Public Guardian search result showing if there is a past Mental Capacity Act 2008 or Mental Disorders And Treatment Act Order in respect of P | Enter page no. here |
| E5 | Wills Registry search result showing if P has registered a Will | Enter page no. here |
| E6 | A copy of P’s will (if “Yes” is answered for Section 4 question 4j) | Enter page no. here |
| **Other supporting documents:** | | |

|  |  |  |
| --- | --- | --- |
| **Exhibit No.** | **Name of document** | **Page number** |
| E7 | Enter name of document here. | Enter page no. here |
| E8 | Enter name of document here. | Enter page no. here |
| E9 | Enter name of document here. | Enter page no. here |
| E10 | Enter name of document here. | Enter page no. here |
| E11 | Enter name of document here. | Enter page no. here |

(Expand the table if required)

**Table 9-2**

*If any of the Required Document(s) listed in Table 9-1 is not provided, state your reasons below.*

|  |  |
| --- | --- |
| **State the name of the Required Document not provided** | 1. **State the reasons for lack of document** 2. **If alternative document is provided instead, state the alternative document.** |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |

(Expand the table if required)

Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.

The exhibits are to be attached from this page onwards.

The exhibit cover page in accordance with the Generic Affidavit (Form 54) of the FJ(G)R to be placed between each distinct exhibit.

1. Refer to paragraph 133(5) of the Family Justice Courts Practice Directions 2024 if required. [↑](#footnote-ref-1)
2. To insert sub-case details if relevant. [↑](#footnote-ref-2)
3. Spouse, child, parent, sibling, friend, others. [↑](#footnote-ref-3)
4. Available options are: Single, married, divorced, separated, widowed, unknown. [↑](#footnote-ref-4)
5. Please include any expenses which P currently does not have but is expected to incur in future and indicate these with an ‘\*’. [↑](#footnote-ref-5)
6. Please include any income which P currently does not have but is expected to receive in future and indicate these with an ‘\*’. [↑](#footnote-ref-6)
7. E.g. hospital, nursing home. [↑](#footnote-ref-7)
8. E.g. not commenced, pending, concluded, withdrawn, judgment sum ordered / award made. [↑](#footnote-ref-8)
9. E.g. persons who have a close relationship with P, persons who have a legal duty to support P, persons who will benefit from P’s estate, persons who are responsible for P’s care. [↑](#footnote-ref-9)
10. You will normally have to obtain the consent of the Relevant Persons named above. If you have not done so, please explain why. [↑](#footnote-ref-10)
11. Use this content page if you have documents as exhibits.

    The page numbers for the exhibits should run consecutively from the last page of the affidavit or numbered differently for identification (e.g. E1, E2, E3, if the exhibit page starts as page 1).

    If any of the documents listed in Table 9-1 is not provided, complete Table 9-2 in this Section. [↑](#footnote-ref-11)