62.

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Para 59(9) PD 2024

**Affidavit (For Appointment of Successor 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 Successor Deputy)**

**Section 1: Introduction**

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

1. I am the Successor Deputy proposed to be appointed to make decisions and act on behalf of the patient (“P”) as referred to in Section 4 below.

2. 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.

3. I confirm that the information set out in sections 2, 3 and 4 below is true and correct.

**Section 2: Successor Deputy’s Particulars**

|  |  |
| --- | --- |
| Name of Successor Deputy: | 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 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 Successor Deputy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3a. | Please indicate which options are 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 which option is 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 | | |  |  | |
| 3c. | Previous legal applications concerning Applicant(s) and / or P  Have you 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 4: Information about P**

|  |  |
| --- | --- |
| Name of P: | Enter full name as per NRIC/ Passport here. |
| Identity No.: | Enter NRIC/ FIN/ Passport no. here. |

**Section 5: Confirmation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5a. | I understand the nature of the order which is applied for in these proceedings:   |  |  | | --- | --- | |  | I have read and understood all the contents of the Originating Application and the supporting affidavits. | |  | I consent to the Originating Application filed in these proceedings. | |  | I consent to the dispensation of service of the Originating Application, supporting affidavits and all subsequent documents filed in these proceedings on me. | |  | I consent to the  care arrangements  financial management plan  care arrangements and financial management plan proposed by the Applicant(s) and I understand that I am to abide by all orders made by the Court. | |
|  |  |
| 5b. | I declare and undertake as follows:   |  |  | | --- | --- | |  | I understand my responsibilities if I am appointed as 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 successor deputy, the Public Guardian may contact me via SMS and/or email. | |  |  | |
| 5c. | I confirm that the documents exhibited herein and marked are true copies of the originals. |

**Section 6: 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 7: Exhibit Content Page**[[4]](#footnote-4)

You must attach, with your application, a copy of the documents in Table 7-1 (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 7-2.

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 7-1**

|  |  |  |
| --- | --- | --- |
| **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 successor deputy’s relationship to P  (e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.) | Enter page no. here |
| **Other supporting documents:** | | |

|  |  |  |
| --- | --- | --- |
| **Exhibit No.** | **Name of document** | **Page number** |
| E2 | Enter name of document here. | Enter page no. here |
| E3 | Enter name of document here. | Enter page no. here |
| E4 | Enter name of document here. | Enter page no. here |
| E5 | Enter name of document here. | Enter page no. here |
| E6 | Enter name of document here. | Enter page no. here |

(Expand the table if required)

**Table 7-2**

*If any of the Required Document(s) listed in Table 7-1 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. Available options are: Spouse, child, parent, sibling, friend, others. [↑](#footnote-ref-3)
4. 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 7-1 is not provided, complete Table 7-2 in this Section. [↑](#footnote-ref-4)