# 64.

E-FORM

P.5, r.8 FJ(G)R 2024

## Application Form (Simplified MCA)

Application No.: MCA-APP [number]/[year]

### Section 1: Application Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL PARTICULARS** | | | | | |
| **NAME:** Enter name here. | | | | | |
| **ID:** | **ID TYPE:** | | **D.O.B:** | **NATIONALITY:** | |
| Enter identification no. here. | NRIC/Other | | Enter date here. | Enter nationality here. | |
| THE APPLICANT IS THE – | | **Spouse**  **Child**  **Parent**  **Sibling**  **Friend**  **Others:** Please specify here. | | |

Is the Applicant a Donee or Deputy for any other person?:  No.  Yes.

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| **ADDRESS:**  Enter address here. | |
| **EMAIL:**  Enter email address here. | **MOBILE TEL NO.:**  Enter contact no. here. |

|  |  |
| --- | --- |
| **SOLICITOR INFORMATION (IF ANY)** | |
| **LAW FIRM:**  Enter name of law firm here. | **COUNSEL NAME:**  Enter counsel name here. |
| **CONTACT NO.:**  Enter contact no. here. | **EMAIL ADDRESS:**  Enter email address here. |

### Section 2: Person who has lost mental capacity

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL PARTICULARS** | | | |
| **NAME:** Enter name here. | | | |
| **ID** | **ID TYPE** | **D.O.B** | **NATIONALITY** | |
| Enter identification no. here. | NRIC/Other | Enter date here. | Enter nationality here. | |
| Is the Patient residing at an organisation providing residential accommodation?  No.  Yes. | | | |

|  |
| --- |
| **CONTACT INFORMATION** |
| ADDRESS:  Enter address here. |

### Section 3: Relevant Person Details

Complete each category. If the category is not applicable, indicate “Nil”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Name and ID** | **Relationship[[1]](#footnote-1)** | **DOB** | **Contact Details** | **Consent not obtainable due to** |
| 1. | Enter name and ID No. here. | Select option | Enter date here. | Enter contact no. here. | Enter details here. |
| 2. | Enter name and ID No. here. | Select option | Enter date here. | Enter contact no. here. | Enter details here. |
| 3. | Enter name and ID No. here. | Select option | Enter date here. | Enter contact no. here. | Enter details here. |
| 4. | Enter name and ID No. here. | Select option | Enter date here. | Enter contact no. here. | Enter details here. |

**ADDITIONAL INFORMATION**

|  |
| --- |
| Enter details here. |

### Section 4: Orders sought

The Applicant / Applicants applies / apply for the following orders:

|  |  |
| --- | --- |
|  | The notification of P of this application be dispensed with. |
|  | The attendance of P at the hearing of this application be dispensed with. |
|  | The service of this application on the relevant persons be dispensed with. |
|  | [Name of 1st Applicant] (NRIC No.) and [Name of 2nd Applicant] (NRIC No.) (if applicable) are appointed as deputies to make decisions on behalf of P in relation to the matters set out herein. This appointment will last until further order by the Court. |
|  | The deputy / deputies must apply the principles set out in the Mental Capacity Act ("MCA") and have regard to the guidance in the Code of Practice to the MCA. |
|  | The deputy / deputies does / do not have authority to make a decision on behalf of P in relation to a matter if the deputy / deputies knows / know or has / have reasonable grounds for believing that P has capacity in relation to the matter. |
|  | The deputy's / deputies' authority is limited to making the following decisions on behalf of P:   |  | | --- | | Enter details here | |
|  |  |
|  | The deputy / deputies is / are required to keep a record of any decisions made or acts done for P as well as all relevant documents. |
|  |  |
|  | The deputy / deputies is / are required to do the following:   |  | | --- | | Enter details here | |
|  |  |
|  | The deputy / deputies is / are to complete and file an annual report relating to P’s affairs to the Public Guardian and such further reports as required by the Public Guardian. These reports are to be in such form as may be required by the Public Guardian. |

### Section 5: Grounds of Application

The grounds of this application are as follows:

|  |
| --- |
| Enter details here |

The following medical report is being relied on for this application:

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **File** | **Examination Date** | **Submission Date** |
| 1. | Enter details here | Enter date here. | Enter date here. |

### Section 6: Declaration (Applicant)

I / We, [name of Applicant(s)], confirm the following:

|  |  |
| --- | --- |
| **Consents and past applications concerning P** | |
|  | All the Relevant Persons whose consent can be obtained have consented to this application. |
|  | P has not registered a Lasting Power of Attorney. |
|  | There has not been any past application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act. |
| **Duties and responsibilities** | |
|  | I understand my responsibilities if I am appointed as Deputy. In particular, I understand not that I must act with honesty and integrity and ensure that my personal interests do personal conflict with my duty as P's deputy, and I will not use my position for any benefit. |
|  | I will have regard to the guidance in the Mental Capacity Act Code of Practice and act in accordance with the principles set out in Section 3 of the Mental Capacity Act. 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 ground a decision on P's behalf in relation to a matter if I know or have reasonable for believing that P has capacity in relation to the matter. |
| **Eligibility issues** | |
|  | 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 Donee or Deputy for anyone. |
|  | I am not an undischarged bankrupt. |

I / We, [name of Applicant(s)], confirm and declare that:

|  |  |
| --- | --- |
|  | the information in this application form is true and correct to the best of my knowledge, information and belief; |
|  | the scanned copies of the documents submitted herewith are true copies of the originals; |
|  | I understand that I commit an offence under section 199 of the Penal Code 1871 if I make, in this application form or any supporting document, any statement which is false, and which I know or believe to be false or do not believe to be true, touching any point material to the object for which this application or supporting document is made or used. |

Confirmed and declared by [name of Applicant(s)] on [Enter date here] at [time]  am  pm.

This application is filed by the Applicant(s) whose particulars are as follows:

[Name of Applicant(s)

Tel. No.: Enter contact no. here.

[Email:](mailto:SDSD@TEST.COM)  Enter email address here.

### Section 7: Declaration (Solicitor)

I hereby confirm and declare that:

|  |  |
| --- | --- |
|  | The identity of the Applicant and the personal particulars stated herein are correct. |
|  | The Applicant has been informed that the making of a false statement or the provision of false information in this application form is a criminal offence under the Penal Code 1871. |

This application is filed by the solicitor for the Applicant(s) whose particulars are as follows:

Enter name of law firm here.

Counsel: Enter counsel name here.

Tel. No.: Enter contact no. here.

Email: Enter email address here.

1. Available options are: Parents, spouse, child, sibling, other relevant person. [↑](#footnote-ref-1)