

Donor Revocation Form for Lasting Power of Attorney (LPA)

NOTE TO DONOR

1. You may revoke your LPA at any time, as long as you have mental capacity to do so.
2. You must **give notice in writing to your Donee(s)** that you are revoking the LPA, by delivering in person, sending by post¹ or, if the postal address is not known, sending by email². If you fail to do so, they may attempt to make decisions on your behalf in the event you lose mental capacity, without knowing that the LPA has been revoked.
3. You must notify OPG of the revocation, **by submitting the completed and signed Revocation Form** together with a photocopy of your ID.
4. Please send them to the Office of the Public Guardian at **3 Bishan Place, #03-00, CPF Bishan Building, Singapore 579838**, or submit them via FormSG at <https://go.gov.sg/opg-enquiry>.
5. If you are also making a new LPA application, you may do so **concurrently** via the OPG Online (OPGO) portal.
6. Where OPG is satisfied that your LPA has been revoked, OPG will cancel the registration of your LPA in 7 calendar days. The fee of \$28 applies to cancel your registered LPA. OPG will provide instructions to you on how to make payment after the cancellation has been processed. Please note that upon the cancellation of your existing LPA, you will not have a valid LPA until a new LPA is registered.
7. If translation is required for the revocation, the translator must be the witness.
8. The witness for the revocation can be any individual who is 21 years old and above.

A. NOTICE OF LPA REVOCATION TO OPG

Revocation of LPA with Reference / Registration Number:

Donor's Full Name as in NRIC/FIN/Passport

*NRIC/FIN/Passport No. (**Delete as appropriate*)

Email address for payment notification

Reason for Revocation (Tick one box only):

- ☐ I want to change the Donee(s) or Replacement Donee(s) in my current LPA.
- ☐ I want to change the manner of acting or powers granted to my Donee(s) in my current LPA.
- ☐ My Donee(s) no longer want to be appointed.
- ☐ My Donee(s) are unable or unsuitable to perform the role.
- ☐ I want to change the Donee(s) or Replacement Donee(s) to avoid a family dispute.
- ☐ Others: _____

¹You may send the notice to the last postal address which can be:

- (a) the postal address at which you correspond with the Donee;
- (b) if there is no such postal address, a postal address that the Donee has told you that he/she can be contacted; or
- (c) if there is no such postal address as set out in (a) and (b) above, the usual or last known place of residence or business of the Donee.

²Email refers to:

- (d) an email address which you use to correspond with the Donee; or
- (e) if there is no such email address, an email address that the Donee has told you that he/she can be contacted at.

B. STATEMENT AND SIGNATURE BY DONOR

1. I am the Donor of the LPA, the details of which are set out in Part A above, and I hereby give notice to OPG that I have revoked the LPA.
2. I have informed all appointed Donee(s) in writing that I have revoked my LPA.
3. I understand that, in order to process the cancellation of my registered LPA, I may be required to provide further relevant information and documents.
4. Where my registered LPA is in hardcopy, I am aware that upon the cancellation of my registered LPA, I must deliver the original LPA and any other certified copies to OPG for destruction.
5. I am aware that it is an offence to knowingly or recklessly provide any information or document that is false, or to wilfully alter, suppress, conceal or destroy any document that I am or may be required to provide to OPG for the purpose of processing this form. If found guilty, I may be punished with up to two years of imprisonment, a \$10,000 fine, or both.

Signature of Donor

Date: DD / MM / YYYY

C. STATEMENT BY WITNESS TO DONOR

I declare that:

1. The Donor signed this Revocation Form in my presence or affixed his/her thumb print on this Revocation form.
2. At the time this Revocation Form was made, the Donor appeared to understand that the Donor is terminating the appointment of the Donee(s), and the Donee(s) will not have the power to act for the Donor in the event the Donor loses capacity.

Witness' Full Name as in NRIC/FIN/Passport

Witness' NRIC/FIN/Passport/MCR/AAR No.³

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Signature of Witness

Professional Stamp (if applicable)

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I (the witness) translated this form in (if applicable):

☐ Mandarin ☐ Malay ☐ Tamil ☐ Other (please specify): _____

³The MCR No. is the registration number of the medical license issued by the Singapore Medical Council to medical practitioners. The AAS No. is a unique number assigned by the Supreme Court to advocates and solicitors in Singapore.