

# Donor Revocation Form for Lasting Power of Attorney (LPA)

## NOTE TO DONOR

1. You may revoke your Lasting Power of Attorney (LPA) any time when you have mental capacity to do so.
2. You must **give written notice to every Donee** that you are revoking the LPA by delivering it personally, sending it via post to the last postal address<sup>1</sup> or, if the postal address is not known, to the last email address<sup>2</sup>. 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may attempt to make decisions on your behalf in the event you lose mental capacity, without knowing that the LPA has been revoked.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 the Public Guardian of the revocation, **by submitting the completed and signed Revocation Form** together with a photocopy of your ID.
4. Please submit them to the Public Guardian via the FormSG link <https://go.gov.sg/opg-enquiry> or send to our postal address:  
**Office of the Public Guardian**  
**3 Bishan Place #03-00**  
**CPF Bishan Building**  
**Singapore 579838**  
If you are also making a new LPA application, please do so via the OPG Online system (OPGO).
5. Where the Public Guardian has processed your Revocation Form and is satisfied that your LPA has been revoked, the Public Guardian will cancel the registration of your LPA. The fee for the cancellation of the LPA is \$28. OPG will provide instructions on how to make payment via email after receiving your Revocation Form.
6. If translation is required for the revocation, the translator must be the witness.
7. The witness for the revocation can be any individual who is 21 years old and above.

## A. NOTICE OF LPA REVOCATION TO THE PUBLIC GUARDIAN

Revocation of LPA with reference/registration number:

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

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

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Email address for payment notification

When Revocation Takes Effect (please tick one box only):

- Immediate<sup>3</sup>       Upon registration of new LPA

<sup>1</sup> Last postal address means:

- (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 at; 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.

<sup>2</sup> Last email address means:

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

<sup>3</sup> An immediate revocation means you will not have any valid LPA until a new LPA is registered. If you are submitting a new LPA, we strongly encourage revoking the existing LPA **only upon registration of the new LPA**, so that arrangements made under the original LPA remain in place for your benefit until the new LPA is registered.

**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 the Public Guardian notice that I have revoked the LPA.
2. I declare that I have notified the Donee(s) of the revocation.
3. I agree that the Public Guardian may require me to provide further information or produce documents, which the Public Guardian reasonably considers necessary to determine whether the steps necessary for revocation have been taken.
4. I understand that where the Public Guardian is satisfied that my LPA has been revoked, the Public Guardian will cancel the registration of my LPA in accordance with the timeline indicated in Part A above.
5. Where my registered LPA is in hardcopy, I am aware that upon the cancellation of the registration of my LPA, I must deliver to the Public Guardian the LPA and any other certified copies of the LPA to be destroyed.
6. I am aware that it is an offence to knowingly or recklessly give any information or document which is false or misleading in a material particular, or to wilfully alter, suppress, conceal or destroy any document that I am or may be required to provide to the Public Guardian 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

**Statement by Witness to Donor**

I declare that:

1. The Donor signed on 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

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Witness' NRIC/FIN/Passport/MCR/AAS No.<sup>4</sup>

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Signature of Witness
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Professional Stamp (if applicable)
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I (the witness) translated this form in (if applicable):

- Mandarin     Malay     Tamil     Others (please specify): \_\_\_\_\_

<sup>4</sup> The 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.