

Authorisation Form for correspondence address

Please complete this form if you want all correspondence from Office of the Public Guardian (OPG) to be mailed to your lawyer or representative. Submit this completed form with your Lasting Power of Attorney (LPA).

Note: If OPG does not receive this form, all correspondence from OPG to the Donor/Donee(s) will be sent to the donor's/donee's address as stated in the LPA.

Donor's Full Name as in *NRIC/FIN/Passport (*Delete as appropriate)

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

Local Correspondence Address

Company Name:			
[] []			
Street Name:			
Floor No.:	Unit No.:	Postal Code:	
Solicitor's Full Name	e as in *NRIC/FIN/Passport (if applicable)		

Please select one option below:

- □ I am the Donor. I authorise the firm/company indicated above to receive all correspondence to me and my Donee(s) from OPG. I confirm that the firm/company will undertake to inform me and my Donee(s) of the acceptance of the LPA for registration, and the registration of the LPA.
- I am an advocate and solicitor and Certificate Issuer for the Donor. I confirm that I am acting for the Donor and Donee(s), and have been instructed that the firm/company indicated above, is authorised to receive all correspondence to them from OPG. I undertake to inform the Donor and Donee(s) of the acceptance of the LPA for registration, and the registration of the LPA.

-		* *Donc approp		icitor			
D	D	\mathbb{M}	\mathbb{M}	Y	Y	Y	Y

Professional Stamp (if any)	