OFFICE OF THE PUBLIC GUARDIAN

Disclaimer Form for Donee / Replacement Donee

DN1

NOTE TO DONEE / REPLACEMENT DONEE

Complete this Disclaimer Form (DN1) if you wish to disclaim your appointment as a Donee/Replacement Donee of a Lasting Power of Attorney (LPA). Once OPG accepts your disclaimer as **the sole Donee or a joint Donee, with no Replacement Donee(s) appointed, the LPA pending registration will not be registered. If the LPA has been registered, it will be cancelled.**

1. You must **give notice to the** Donor and any remaining Donee(s) appointed that you wish to disclaim your appointment by:
   i. Completing a separate Disclaimer Notice Form (D2) available at the Public Guardian's website; and
   ii. Sending the completed and signed Disclaimer Notice Form (D2) to the Donor and every other Donee (if any) by delivering it personally, sending it by post, or if the postal address is not known, via email.
2. It is important that you understand that after disclaiming your appointment as a Donee/Replacement Donee, you will not have the authority to make decisions or act for the Donor if the Donor loses mental capacity.
3. Once the above is completed, please complete this form and sign it in the presence of an adult witness.
4. The witness can be any individual above the age of 21.
5. Please submit this completed form by sending it to the Public Guardian's post address or email address below:
   Office of the Public Guardian
   Email: enquiry@publicguardian.gov.sg
   Address: 20 Lengkok Bahru
   #04-02 Family@Enabling Village
   Singapore 159053

A. STATEMENT AND SIGNATURE BY DISCLAIMING DONEE/REPLACEMENT DONEE

I am the: ☐ Donee ☐ Replacement Donee of the following LPA

LPA Registration No.

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I hereby disclaim my appointment as a Donee/Replacement Donee. I declare that I have notified the Donor and the other Donee(s) (if any) of my disclaimer according to paragraph 1 in the note above. My personal particulars are as follows:

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

*NRIC/FIN/Passport No.

Signature

Date: DD / MM / YYYY

B. <u>Statement by Witness to Disclaiming Donee/Replacement Donee</u>

1. In my presence, disclaiming Donee/Replacement Donee signed/ affixed his/her thumb print on this Disclaimer Form.
2. At the time this Disclaimer Form was signed, the Donee/Replacement Donee appeared to understand that he/she is disclaiming his/her appointment as Donee/Replacement Donee, and he/she 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 No.

Signature of Witness

Date: DD / MM / YYYY