

Cover Letter for Hardcopy Lasting Power of Attorney (LPA) Forms

If you fall under any of the exceptional situations below and wish to make a Lasting Power of Attorney (LPA) application using the hardcopy form i.e. not using the Office of the Public Guardian Online (OPGO) system, please complete this cover letter and submit it together with your hardcopy LPA application to the Office of the Public Guardian.

A. To be completed by the Donor

To the Public Guardian,

I, (Name) _____, (last 4 characters of NRIC/FIN/Passport No.*) _____, am unable to use OPGO to make an LPA due to the following reason(s): *(Please tick the reason box below)*

- The Donor/Donee/Replacement Donee* is unable to use OPGO due to his/her physical disability or other circumstances as follows *(please provide details and medical report as proof of physical disability or supporting documents)*:

- OPGO is unavailable on _____ *(date/time)*
- The Donor does not have an electronic device to receive messages via SMS to create and access his Singpass account/National Digital Identity (NDI)
- The Donor/Donee/Replacement Donee* is not eligible for a Singpass account/NDI

**Delete as appropriate*

Note: Please include photocopies of relevant supporting documents. OPG may contact you for further clarifications.

Other remarks (if any): _____

B. Statement and Signature by Donor

I understand that my request is subject to the Public Guardian's approval. I declare that all statements, documents, and information given above are true and correct.

Signature (or marking) of Donor

Date

C. Statement and Signature by Certificate Issuer

Full name of Certificate Issuer: _____ MCR/AAS no.: _____

I confirm to the best of my information and knowledge, that this LPA falls under the exceptional situation(s) indicated in paragraph A above.

Signature of Certificate Issuer

Date and Professional Stamp

Lasting Power of Attorney (LPA) Form 1 (2022)

Important Information you must read

You may submit a hardcopy application form if any of the following scenarios apply:

- The Donor/Donee/Replacement Donee is unable to use OPGO due to his/her physical disability or other circumstance;
- OPGO is unavailable;
- The Donor does not have an electronic device to receive messages via SMS to create and access his Singpass account/National Digital Identity (NDI); or
- The Donor/Donee/Replacement Donee is not eligible for a Singpass account/NDI.

Please include a cover letter stating the reason(s) for making a hardcopy LPA application and include relevant supporting documents (if any). The acceptance of the hardcopy application form is subject to the Public Guardian's approval.

Thank you for taking the time to make your LPA. You are the Donor and the default applicant of this LPA. Your Donee(s) must be aged 21 and above. You may grant your Donee(s) the authority to make personal welfare and/or property and affairs decisions on your behalf when you lack mental capacity, or when they have reason(s) to believe¹ you lack such capacity. **Please choose your Donee(s) wisely and appoint Donee(s) you know well and whom you can trust.**

Your Donee(s) must exercise their powers in accordance with the Mental Capacity Act Code of Practice, which requires that they act in your **best interests**. Examples of powers that your Donee(s) may have relating to your personal welfare and/or property and affairs include making decisions on the following:

Personal Welfare	Property and Affairs
<ul style="list-style-type: none">Where you should liveDay to day care decisions (what to wear and eat)Handling your letters / mailWho you may have contact withHealthcare and medical treatment decisions	<ul style="list-style-type: none">Buying, selling, renting and mortgaging your propertyOperating your bank accountsManaging your Central Provident Fund moniesPaying household expensesPurchasing any equipment you may need

You may appoint a Replacement Donee to replace your existing Donee(s) if any of these events occur:

- your Donee gives notice to the Office of the Public Guardian (OPG) that he disclaims his appointment when he does not wish to be appointed anymore;
- your Donee is made bankrupt (this will only terminate his power in relation to your property and affairs);
- you and your Donee divorce or your marriage has been annulled; or
- your Donee has passed on or lost mental capacity.

As the Donor, you are required to complete this form and **sign every page**. Your Donee(s) are required to sign pages 8 to 10. Please have your Donee(s)' particulars ready before you start. It should take you approximately 30 minutes to complete the form.

After completing sections 1 to 7, you will need to visit an LPA Certificate Issuer (CI). The CI's role is to certify that you understand the purpose of making an LPA, including your intention to appoint the Donee(s), the powers to be granted to the Donee(s), and that you are not forced or deceived into making an LPA. You can find a list of CIs at OPG's website: www.msf.gov.sg/opg.

After visiting the CI, please send this form and a photocopy of your Donee(s)' and your NRIC/FIN/Passport (for foreigners) to the following address:

**20 Lengkok Bahru #04-02
Family@Enabling Village
Singapore 159053**

Please note that **no refund** will be given once the LPA application is submitted to OPG regardless of the application outcome, including rejection.

You may cancel the LPA at any time as long as you have the mental capacity to do so. For more information, please refer to the Revocation form at: www.msf.gov.sg/opg/Pages/Forms.aspx.

¹ Before acting on your behalf, your Donee is required to obtain a medical report from a registered medical practitioner, certifying that you lack mental capacity to make personal welfare and/or property and affairs decisions.

FOR OFFICIAL USE

LPA Ref / Reg No.

Page 1 of 12

Signature of Donor **[Please sign on every page]**

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 1: PARTICULARS OF DONOR (to be filled by Donor, the person making the LPA)

Your Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Date of Birth

D	D	M	M	Y	Y	Y	Y												

Your Email Address

Your Contact No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Mailing Address

Street Name:

Floor No.:

--	--	--	--

Unit No.:

--	--	--	--	--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE

LPA Ref No.

Page 2 of 12

Signature of Donor [Please sign on every page]

--

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 2.1: PARTICULARS OF DONEE 1 (to be filled by Donor)

Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y		

Email Address

Contact No.

--	--	--	--	--	--	--	--	--	--

Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

--	--

Unit No.:

--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--

Powers Granted by Donor to Donee 1:

In the event that I lose my mental capacity, I authorise Donee 1 to decide on my: **[Tick where applicable]**

- Personal Welfare (e.g. decide where I should live, handle my letters / mail)
- Property and Affairs (e.g. buy, sell, rent and mortgage my property, operate bank accounts)

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Page 3 of 12

Signature of Donor **[Please sign on every page]**

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 2.2: PARTICULARS OF DONEE 2 (to be filled by Donor)

Please complete this section only if you would like to appoint a second Donee.

Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y												

Email Address

Contact No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

--	--	--	--

Unit No.:

--	--	--	--	--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Powers Granted by Donor to Donee 2:

In the event that I lose my mental capacity, I authorise Donee 2 to decide on my: [Tick where applicable]

- Personal Welfare (e.g. decide where I should live, handle my letters / mail)
- Property and Affairs (e.g. buy, sell, rent and mortgage my property, operate bank accounts)

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Page 4 of 12

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 3.1: PARTICULARS OF REPLACEMENT DONEE (to be filled by Donor)

Please complete this section only if you would like to appoint a Replacement Donee.

A Replacement Donee may replace an existing Donee if the Donee notifies OPG that he does not wish to continue his appointment, has passed on or lost his mental capacity, is made bankrupt where he has been granted property and affairs powers, or has divorced the Donor (or annulled his marriage with the Donor).

Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Email Address

Contact No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to Donor

Local Mailing Address

Street Name:

Floor No.: Unit No.: Postal Code:

Powers Granted by Donor to Replacement Donee:

In the event that a Donee is unable to act, I authorise my Replacement Donee to replace any Donee who needs replacing in the following manner: [Tick where applicable]

Donee	Personal welfare	Property and affairs
Donee 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
Donee 2 _____	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICIAL USE

LPA Ref No.

Page 5 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 4: POWERS GRANTED TO DONEE(S) (to be filled by Donor)

Personal Welfare

a. Do you allow your Donee(s) to give or refuse consent to start or continue your treatments, including clinical trials? Clinical trials involve the testing of new health substances such as medication or medical devices.
[Tick 1 box only]

Yes No

b. If you have appointed more than one Donee with personal welfare powers, please select how they should act for you: **[Tick 1 box only]**

Jointly and severally (Any one of your Donees can make decisions for you.)

Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue, then both Donees cannot act on your behalf for that issue.)

Property and Affairs

a. Do you require your Donee(s) to **seek the Court's approval** to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property (or any other property subsequently acquired as your residential property)? **[Tick 1 box only]**

No, the Donee(s) does/do not need to seek the Court's approval.

Yes, **the Donee(s) must seek the Court's approval** for the property at this address:

b. Do you allow your Donee(s) to make cash gifts on your behalf from your assets? **[Tick 1 box only]**

No.

Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime.

Yes, but the total value of gift(s) shall not exceed \$ _____ per calendar year.

c. If you have appointed more than one Donee with property and affairs powers, please select how they should act for you: **[Tick 1 box only]**

Jointly and severally (Any one of your Donees can make decisions for you.)

Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue, then both Donees cannot act on your behalf for that issue.)

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Signature of Donor **[Please sign on every page]**

SECTION 4: POWERS GRANTED TO DONEE(S)

Others

My Donee(s) shall have the powers to do anything necessary or practical to carry out the decisions made on my personal welfare and/or property and affairs in accordance with this LPA. This includes the following:

- a. Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms;
- b. Claim and receive money payable to me and to acknowledge that money has been received;
- c. Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document;
- d. Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and
- e. Release the information obtained in (d) to any third parties.

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Page 7 of 12

Signature of Donor **[Please sign on every page]**

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 5.1: STATEMENT AND SIGNATURE BY DONEE 1

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
3. I understand the duties* of a Donee, which include the duty to assume that the Donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the Donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days of the occurrence of the following events which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs);
 - (c) The Donor and I have divorced or our marriage has been annulled; or
 - (d) *[Only applicable if I have been appointed to act jointly with Donee 2]* I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) – (c) above which cancel the joint appointment with Donee 2, or because Donee 2 has passed on or lost mental capacity.
5. By signing, I consent to be appointed as a Donee.

*A list of duties of a Donee and additional information on these duties can be found in chapters 3, 6, and 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed (or marked) by Donee 1							
D	D	M	M	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 12.]

Signature of Witness							
----------------------	--	--	--	--	--	--	--

[Witness must be at least 21 years old and cannot be the Donor, Donee and/or any Replacement Donee.]

Witness' Full Name as in NRIC/FIN/Passport

--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--

My witness translated this form in (if applicable):

- Mandarin Malay Tamil Others (please specify): _____

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Page 8 of 12

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 5.2: STATEMENT AND SIGNATURE BY DONEE 2

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
3. I understand the duties* of a Donee, which include the duty to assume that the Donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the Donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days of the occurrence of the following events which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs);
 - (c) The Donor and I have divorced or our marriage has been annulled; or
 - (d) *[Only applicable if I have been appointed to act jointly with Donee 1]* I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) – (c) above which cancel the joint appointment with Donee 1, or because Donee 1 has passed on or lost mental capacity.
5. By signing, I consent to be appointed as a Donee.

*A list of duties of a Donee and additional information on these duties can be found in chapters 3, 6, and 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed (or marked) by Donee 2							
D	D	M	M	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 12.]

Signature of Witness							
----------------------	--	--	--	--	--	--	--

[Witness must be at least 21 years old and cannot be the Donor, Donee and/or any Replacement Donee.]

Witness' Full Name as in NRIC/FIN/Passport

--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--

My witness translated this form in (if applicable):

Mandarin Malay Tamil Others (please specify): _____

FOR OFFICIAL USE

LPA Ref No.

LPA-F1-2022-02

Page 9 of 12

Signature of Donor **[Please sign on every page]**

--	--	--	--	--	--	--	--	--	--	--	--

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 6.1: STATEMENT AND SIGNATURE BY REPLACEMENT DONEE

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
3. I understand the duties* of a Donee, which include the duty to assume that the Donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the Donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days of the occurrence of the following events which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs); or
 - (c) The Donor and I have divorced or our marriage has been annulled.
5. I will replace an original Donee that I am appointed to replace.
6. By signing, I consent to be appointed as a Replacement Donee.

*A list of duties of a Donee and additional information on these duties can be found in chapters 3, 6, 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed (or marked) by Replacement Donee							
D	D	M	M	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 12.]

Signature of Witness

[Witness must be at least 21 years old and cannot be the Donor, Donee and/or any Replacement Donee.]

My witness translated this form in (if applicable):

Mandarin
 Malay
 Tamil
 Others (please specify): _____

Witness' Full Name as in NRIC/FIN/Passport

--

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

--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE

LPA Ref No.

Page 10 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 7: STATEMENT AND SIGNATURE BY DONOR

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA. I intend the authority conferred under this LPA to mean authority to make decisions on my behalf in circumstances where I no longer have mental capacity.
2. I appoint the person(s) named as Donee(s) to have authority to make decisions and act for me in the matters as specified on Pages 3 – 5, in circumstances where I lack mental capacity or where my Donee(s) have reason to believe I lack mental capacity.
3. I appoint the person named as Replacement Donee (if any) and intend that my Replacement Donee shall replace my appointed Donee(s) in the manner set out on Page 5.
4. I am 21 years of age or older and am not an undischarged bankrupt (where my Donee(s) have powers to make decisions on my property and affairs).
5. I revoke my previous LPA (if any), with effect from the date that this LPA Form 1 is registered by the Public Guardian.

Signed (or marked) by the Donor and delivered as a deed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Signature of Certificate Issuer as witness

[Date here must be earlier or the same as that on page 12. The complete form must be submitted for registration within 6 months from this date.]

Signature of Translator

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

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

--	--	--	--	--	--	--	--	--

[Translator must be at least 21 years old.]

My translator translated this form in (if applicable):

Mandarin Malay Tamil Others (please specify): _____

FOR OFFICIAL USE

LPA Ref No.

Page 11 of 12

Signature of Donor **[Please sign on every page]**

Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 8: LPA CERTIFICATE (to be filled by Certificate Issuer)

This section is for the Certificate Issuer (CI) to certify that the Donor understands the purpose of making an LPA, including his intention to appoint the persons named as Donee(s) and Replacement Donee on Pages 3-5, the powers that will be granted to these Donee(s) and Replacement Donee as set out on Pages 3-7, and that the Donor is not forced or deceived into making an LPA. The CI must not be the Donor, Donee, Replacement Donee or related to or an employee or a business partner of any of them. He/She must not act under a conflict of interest.

Particulars of Certificate Issuer

Full Name as in NRIC/FIN/Passport

MCR/AAS No.

--	--	--	--	--	--	--	--	--	--

Name of Clinic/Legal Practice

Statement by Certificate Issuer

1. I am: **[Tick 1 box only]**

- a medical practitioner registered as a specialist in psychiatry under the Medical Registration Act 1997.
- a medical practitioner accredited by the Public Guardian to issue LPA certificates.
- an advocate and solicitor of the Supreme Court who has in force a valid practising certificate³ under the Legal Profession Act 1966.

2. I understand my role and responsibilities as a Certificate Issuer.

3. I am acting independently of the Donor, Donee(s) and Replacement Donee.

4. I am not disqualified from giving this LPA Certificate under Regulation 7(2) of the Mental Capacity Regulations 2021.

5. I declare that Donor appeared before me in person in Singapore and I had taken steps to verify his identity. I confirm that I witnessed the Donor's execution of this instrument.

6. I certify that at the time of signing this LPA instrument,

- (a) the Donor understands the purpose of this instrument, including his intention to appoint the persons named as Donee(s) and Replacement Donee on Pages 3-5 and the powers to be granted to the Donee(s) and Replacement Donee as set out on Pages 3-7;
- (b) no fraud or undue pressure is being used to induce the Donor to create this LPA; and
- (c) there is nothing else that will prevent this LPA from being created.

Signature of Certificate Issuer							
D	D	M	M	Y	Y	Y	Y

Professional Stamp

[Date here must be later or the same as that on page 11.]

³ This excludes lawyers registered under section 36E of the Legal Profession Act 1966

FOR OFFICIAL USE

LPA Ref No.

Page 12 of 12

Signature of Donor [Please sign on every page]
