

Revocation Form for Lasting Power of Attorney (LPA)

NOTE TO DONOR

1. You may revoke (cancel) your Lasting Power of Attorney (LPA) while you have mental capacity to do so.
2. You must take reasonable steps to **give notice to every donee** that you are revoking the LPA. If you fail to do so, they may continue to make decisions on your behalf in the event you lose mental capacity, without knowing the LPA had been revoked. Your donee(s) must sign the acknowledgment in this form to satisfy the Public Guardian that you have given them notice of the revocation. If you are unable to obtain your donee(s) signatures, you may attach other evidence, such as registered mail receipts to prove that you had notified your donee(s) of your intention to revoke your LPA.
3. You must also notify the Public Guardian of the revocation, **by submitting the completed and signed Revocation Form** together with:
 - a. your original hardcopy registered LPA* and copies thereof that you and your donee(s) may have for cancellation and destruction by the Public Guardian;
 - b. a photocopy of your ID; and
 - c. your new LPA application (if applicable).
4. The revocation fee of \$25 may be paid via our e-Services portal at <https://eservice-msf.msf.gov.sg>, or NETS/credit card at the Office of the Public Guardian (by appointment only).
5. If translation is required, the translator must be the witness.

*Only applicable for LPAs received by OPG for registration before 1 Aug 2019.

A. NOTICE OF LPA REVOCATION TO THE PUBLIC GUARDIAN

Revocation of LPA with registration number REG

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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

Type of Revocation (please tick one box only):

- Immediate¹ Upon registration of new LPA

B. ACKNOWLEDGMENT BY DONEE(S)

I/We have received notice of the revocation of the LPA made by the above donor.

Donee 1's Full Name as in NRIC/FIN/Passport: Signature of Donee 1: Date: DD / MM / YYYY	Donee 2's Full Name as in NRIC/FIN/Passport: Signature of Donee 2: Date: DD / MM / YYYY
Donee 3's Full Name as in NRIC/FIN/Passport: Signature of Donee 3: Date: DD / MM / YYYY	Donee 4's Full Name as in NRIC/FIN/Passport: Signature of Donee 4: Date: DD / MM / YYYY

¹ 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 in place.

C. 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 do give the Public Guardian notice that I have revoked the LPA.
- 2. I declare that I have given notice of the revocation of the LPA to the donee(s), the details of which are set out in Part B above.
- 3. I acknowledge that the Public Guardian may require me to provide such further information or produce such documents, as the Public Guardian reasonably considers necessary to determine whether the steps necessary for revocation have been taken.
- 4. I declare that I have used my best endeavours to obtain and attach to this Revocation the hardcopy of the registered instrument for the LPA and other copies (if any) that are in my possession and my donee(s)' possession.
- 5. I consent to the Public Guardian destroying the hardcopy of the registered LPA and any other copies in the Public Guardian's possession after the said LPA is revoked.

Signature of Donor Date: DD / MM / YYYY
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Statement by Witness to Donor

<p>NOTE TO WITNESS</p> <ul style="list-style-type: none">1. It is important the donor understands when he/she revokes the LPA, the donee(s) will not have the power to make decisions or act for the donor if the donor loses mental capacity.2. The witness for the revocation can be any individual above the age of 21, who is not a donee or replacement donee appointed in the new LPA (if there is one).
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- 1. In my presence the donor:
 signed on this Revocation Form 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/AAS No.²

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Signature of Witness Date: DD / MM / YYYY
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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): _____

² 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.