

## PRESCRIBED INFORMATION

### *Important Information You Must Read*

#### **Purpose of the lasting power of attorney**

1. A lasting power of attorney is a legal document that gives authority to the person you appoint (called your "donee") to make decisions and act for you when you lack mental capacity. You may authorise your donee(s) to make decisions about your
  - personal welfare (which may include health care) and/or
  - property and affairs (including financial matters).
2. This is the lasting power of attorney (LPA) Form 2, which gives your donee customised powers and has to be drafted by a lawyer. If you have standard requirements and want to give your donee wide powers to act as fully as you can, subject to basic restrictions set out in the lasting power of attorney and in the Mental Capacity Act (Cap. 177A) ("the Act"), you should use LPA Form 1 (which you can fill up without the help of a lawyer).

#### **This document must be registered**

3. This document must be registered with the Office of the Public Guardian (OPG). The application to register must be made in the prescribed form within 6 months from the date you (the person giving the power) sign this document.

#### **When your donee can act for you**

4. Your donee can use the lasting power of attorney only after it has been registered and only where you lack mental capacity or your donee reasonably believes you lack such capacity.

#### **What your donee can and cannot do**

5. Your donee's authority is governed by the terms of this document and the provisions of the Act.
6. Your donee must follow the principles of the Act, which include the principle that your donee must act in your best interests.
7. Your donee cannot make certain decisions as provided in the Act, such as make a will on your behalf.
8. Guidance about the Act is found in the Mental Capacity Act Code of Practice, which is available from the OPG or at [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg). Your donee must have regard to the Code of Practice.

#### **Revoking (terminating) the lasting power of attorney**

9. You can revoke your lasting power of attorney at any time as long as you have mental capacity to do so. You must inform your donee in writing so he/she will know you have terminated his/her authority. You must also inform the Public Guardian in writing for the registration of the lasting power of attorney to be cancelled.

#### FOR OFFICIAL USE

LPA Reference Number      Registration Number      Date Registered

#### Signature of Donor

Sign Here

Page \_\_\_\_ of \_\_\_\_

## PART 1

## DONOR'S PARTICULARS AND STATEMENT

### PART 1A Particulars of Donor

Full name as in ID

-----  
ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Country of issue

Date of birth (dd/mm/yyyy)

### PART 1B Statement by Donor

1. I have read the Prescribed Information or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) mentioned in Part 2 as donee(s) and/or replacement donee(s) with authority to make the decisions and act for me as mentioned in Part 3 of this document in circumstances where I lack mental capacity or where my donee reasonably believes I lack mental capacity.
3. I intend that my replacement donee(s) (if applicable) shall replace my donee according to the terms of this lasting power of attorney when any of the events mentioned in section 15(5) of the Act, which terminates the appointment of that donee, occurs.
4. I am 21 years or older and am not an undischarged bankrupt (where my donee has authority to make property and affairs decisions).
5. I revoke any previous lasting power of attorney executed by me (if any), whether in respect of my personal welfare or property and affairs or both, with effect from the date that this instrument is registered by the Public Guardian, and I will inform the donee or donees in writing about the revocation accordingly.

### Signed and sealed by the donor as a deed and delivered

Signature of the donor

-----  
Signature of certificate issuer as witness

Date signed

Affix  
seal  
here

### Particulars of translator who read and translated the contents of this instrument to the donor

Name of translator

-----  
ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Signature of translator

Date signed

Please tick box if translator  
is certificate issuer

Language/dialect translated in

### FOR OFFICIAL USE

LPA Reference Number

### Signature of Donor

Sign Here

Page \_\_\_\_ of \_\_\_\_

**PART 2**

**DONEE'S AND REPLACEMENT DONEE'S STATEMENT AND PARTICULARS**

**Total number of donees (individual)** : -----

**Total number of donees (licensed trust company)** : -----

**Total number of replacement donees** : -----

**PART 2A**  
*Statement  
by Donee*

1. I am an individual or a licensed trust company.
2. I have read the Prescribed Information or it has been read to me.
3. I understand the duties imposed on a donee of a lasting power of attorney under sections 3 (the principles) and 6 (best interests) of the Act.
4. I must have regard to the Mental Capacity Act Code of Practice.
5. I shall inform the Public Guardian if any of the following events, which terminates my appointment or power, occurs:  
**(For an individual)**
  - a) I disclaim my appointment as donee;
  - b) I am made a bankrupt (where I have authority to make property and affairs decisions);
  - c) My marriage to the donor is dissolved or annulled (if I am the donor's spouse).**(For a licensed trust company)**
  - a) I disclaim my appointment as donee;
  - b) My trust business licence lapses, or is revoked or suspended;
  - c) I am liquidated, wound-up, dissolved or placed under judicial management.
6. I will replace an original donee that I am appointed to replace if the appointment of the original donee is terminated and I am still eligible to act as a donee (applicable to replacement donee only).
7. By signing, I consent to be appointed as a donee/replacement donee (where applicable).

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**PART 2B**

**Particulars  
of \*Only / 1st  
Donee  
(individual)**

(\*Delete as  
appropriate)

Full name as in ID

ID type

\*NRIC / Passport (\*Delete as appropriate)

Country of issue

ID number

Date of birth (dd/mm/yyyy)

Authorised to make decisions about (please tick one box only)

- personal welfare only  
 property and affairs only  
 both personal welfare and property and affairs

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee

(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)

Affix  
seal  
here

Signature of witness

Date signed

**Particulars of witness**

Name of witness

ID type

\*NRIC / Passport (\*Delete as appropriate)

ID number

- Please tick box if translation of the contents  
of this instrument was given by the witness.

Language/dialect translated in

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**PART 2C**

**Particulars of  
2<sup>nd</sup> Donee  
(individual)**

*(Optional. To strike  
out this portion if not  
applicable.)*

Full name as in ID

-----  
ID type

-----  
ID number

*\*NRIC / Passport (\*Delete as appropriate)*

-----  
Country of issue

-----  
Date of birth (dd/mm/yyyy)

-----  
Authorised to make decisions about (please tick one box only)

- personal welfare only  
 property and affairs only  
 both personal welfare and property and affairs

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee

*(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)*

Affix  
seal  
here

-----  
Signature of witness

-----  
Date signed

**Particulars of witness**

Name of witness

-----  
ID type

-----  
ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness.

-----  
Language/dialect translated in

-----  
**For particulars of additional donee(s), if any, please use Continuation Sheet A.**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**PART 2D**

*Particulars of  
Only Donee  
(licensed trust  
company – for  
property and  
affairs)*

*(Optional. To strike  
out this portion if not  
applicable.)*

Registered name

-----

Registration number

Place of registration

-----

Authorised to make decisions about

property and affairs only

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee

*(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)*

-----

Signature of witness

Date signed

-----

**Particulars of witness**

Name of witness

-----

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness.

Language/dialect translated in

-----

Affix  
seal  
here

SAMPLE

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**PART 2E**

**Particulars of  
Replacement  
Donee  
(individual)**

*(Optional. To strike  
out this portion if not  
applicable.)*

Full name as in ID

-----  
ID type ID number  
*\*NRIC / Passport (\*Delete as appropriate)*

-----  
Country of issue Date of birth (dd/mm/yyyy)

-----  
Replacement donee is to replace (please tick one box only)

- any donee that needs replacing
- any personal welfare donee that needs replacing
- any property and affairs donee that needs replacing
- this named donee: -----

**Signed and sealed by the replacement donee as a deed and delivered**

Signature of the replacement donee *(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)*  
-----  
Signature of witness Date signed

Affix  
seal  
here

**Particulars of witness**

Name of witness  
-----  
ID type ID number  
*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness. Language/dialect translated in  
-----

**For particulars of additional replacement donee(s), if any, please use Continuation  
Sheet B.**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here Page \_\_\_\_ of \_\_\_\_

**PART 2F**

**Particulars  
of Only  
Replacement  
Donee (licensed  
trust company –  
for property and  
affairs)**

*(Optional. To strike  
out this portion if not  
applicable.)*

Registered name  
-----

Registration number  
-----

Place of registration  
-----

Replacement donee is to replace (please tick one box only)

any property and affairs donee that needs replacing

this named donee: -----

**Signed and sealed by the replacement donee as a deed and delivered**

Signature of the replacement donee  
-----

*(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)*

Affix  
seal  
here

Signature of witness  
-----

Date signed  
-----

**Particulars of witness**

Name of witness  
-----

ID type  
-----

ID number  
-----

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness

Language/dialect translated in  
-----

**SAMPLE**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

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**PART 3**

**POWERS GRANTED TO THE DONEE**

*(The term "donee" includes all donees (if more than one is appointed for that particular power) and a replacement donee.)*

Part 3 must be drafted by an advocate and solicitor of the Supreme Court with a practising certificate in force who must sign the certificate in the Annex to Part 3

**PART 3A**

*Particulars of  
Advocate and  
Solicitor*

Name

Practising certificate number

Name of legal practice

Office address

Office telephone number

Office fax number

**PART 3B**

*Powers of the  
Donee*

The donee(s) shall have the authority to make decisions and act for the donor in accordance with the provisions contained in the Annex to Part 3 attached

**This is the end of Part 3**

**SAMPLE**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**ANNEX TO PART 3: POWERS OF THE DONEE**

*Details of the  
Donor*

Full name as in ID

ID type

*\*NRIC / Passport (\*Delete as appropriate)*

ID number

**SAMPLE**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**ANNEX TO PART 3: POWERS OF THE DONEE**

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**SAMPLE**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

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**ANNEX TO PART 3: POWERS OF THE DONEE**

**SAMPLE**

*Certificate of the  
Donor's Advocate  
and Solicitor*

I am an advocate and solicitor with a practising certificate in force, and I certify that I drafted the powers in the Annex to Part 3 of this instrument on the instructions, and in accordance with the wishes, of the donor.

Name of advocate and solicitor

Signed by the advocate and solicitor

Date signed

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

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**PART 4**

**LPA CERTIFICATE**

**PART 4A**

*Particulars  
of Certificate  
Issuer*

Full name as in ID

MCR/NRIC number

Name of clinic/legal practice

Contact number

**PART 4B**

*Statement  
by Certificate  
Issuer*

1. I am (please tick one box only)

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

2. I have read the Prescribed Information and understand my role as a certificate issuer.

3. I am acting independently of the donor, donee(s) and replacement donee(s).

4. I am not disqualified under regulation 7(2) of the Mental Capacity Regulations 2010 to give this LPA certificate.

5. I certify that, in my opinion, at the time of signing this instrument,

- a) the donor understands the purpose of this instrument and the scope of the authority conferred under it;
- b) no fraud or undue pressure is being used to induce the donor to create a lasting power of attorney; and
- c) there is nothing else that will prevent a lasting power of attorney from being created by this instrument.

Signature and stamp of certificate issuer

Date signed

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_\_ of \_\_\_\_

**CONTINUATION SHEET A**

*Particulars  
of Additional  
Donee  
(individual)*

Full name as in ID

ID type

*\*NRIC / Passport (\*Delete as appropriate)*

Country of issue

ID number

Date of birth (dd/mm/yyyy)

Authorised to make decisions about (please tick one box only)

- personal welfare only
- property and affairs only
- both personal welfare and property and affairs

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee

*(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 2A on page 3 of this instrument.)*

Affix  
seal  
here

Signature of witness

Date signed

**Particulars of witness**

Name of witness

ID type

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness.

ID number

Language/dialect translated in

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

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**CONTINUATION SHEET B**

*Particulars  
of Additional  
Replacement  
Donee  
(individual)*

Full name as in ID

ID type

*\*NRIC / Passport (\*Delete as appropriate)*

Country of issue

ID number

Date of birth (dd/mm/yyyy)

Replacement donee is to replace (please tick one box only)

- any donee that needs replacing
- any personal welfare donee that needs replacing
- any property and affairs donee that needs replacing
- this named donee: -----

**Signed and sealed by the replacement donee as a deed and delivered**

Signature of the replacement donee

*(I have read the Prescribed Information  
on page 1 and agree with paragraphs 4 to  
8 of Part 21 on page 3 of this instrument.)*

Affix  
seal  
here

Signature of witness

Date signed

**Particulars of witness**

Name of witness

ID type

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
of this instrument was given by the witness.

ID number

Language/dialect translated in

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

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