

**THIS APPLICATION IS MADE TO REGISTER THE ATTACHED
DOCUMENT AS A LASTING POWER OF ATTORNEY (LPA)**

Who may apply: The donor or a donee (all donees if they must act jointly)

Date of this application

**Particulars of
Donor**

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

**Particulars
of *only / 1st
Donee
(*Delete as appropriate)**

Full name as in ID

Contact number (home)

Contact number (office)

Contact number (mobile)

Email address

Address

Relationship to donor

***Particulars of
2nd Donee***

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

Full name as in ID

Contact number (home) Contact number (office)

Contact number (mobile) Email address

Address

Relationship to donor

***Particulars of
Replacement
Donee***

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

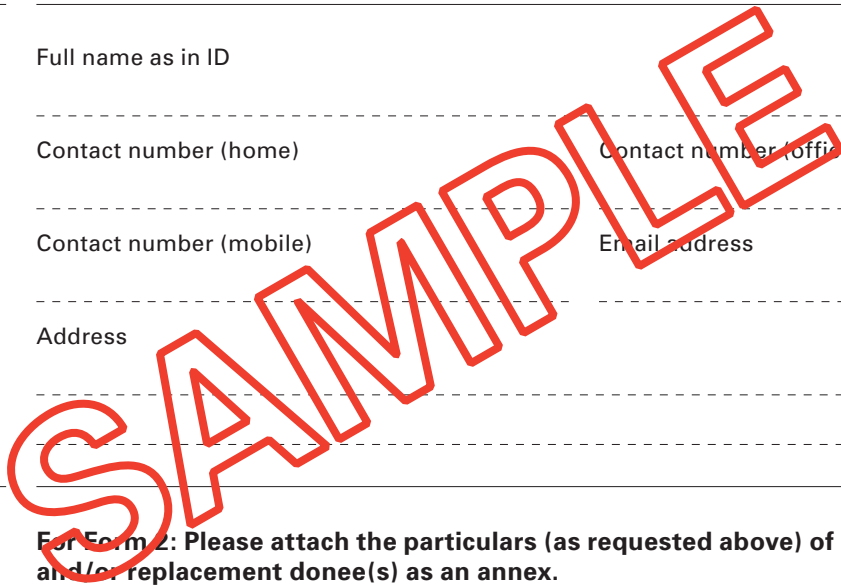
Full name as in ID

Contact number (home) Contact number (office)

Contact number (mobile) Email address

Address

For Form 2: Please attach the particulars (as requested above) of all additional donee(s) and/or replacement donee(s) as an annex.



This application is submitted by (please tick one box only)

the applicant(s)

(holder of NRIC/Passport No* _____) who is authorised by the applicant(s) to do so.
(*Delete as appropriate)

I/We declare that the above information is correct to the best of my/our knowledge.

Collection of registered LPA

Please tick one box only

I wish to collect the registered LPA in person from your Office.

I do not wish to collect the registered LPA in person from your Office.

Please send it to me by AR Registered Post to the following address:

Signature(s) of applicant(s)

I am/We are the
(please tick one box only)

Donor Donee Donees (Donees who are required to act jointly must all join in the application)

Name of applicant(s)

Signature

Date signed

1.
2.
3.
4.
5.

SAMPLE