

LPA Application Number

Name and address of
Donor/Donee

Dear Sir/Madam,

NOTICE OF REGISTRATION OF A LASTING POWER OF ATTORNEY (LPA)

We would like to inform you that your LPA has been registered as required by paragraph 14 of the First Schedule to the Mental Capacity Act (Cap 177A). The brief details of your registered LPA are as follows:

LPA Reference No.	Date of registration	Name of donor	Name of donee(s)

Office of the Public Guardian
(This is a system generated letter. No signature is required)

LPA Application Number

Name and address of
Donor/Donee

Dear Sir/Madam,

NOTICE OF REGISTRATION OF A LASTING POWER OF ATTORNEY (LPA)

We would like to inform you that _____'s LPA appointing you as donee has been registered as required by paragraph 14 of the First Schedule to the Mental Capacity Act (Cap 177A). The brief details of the registered LPA are as follows:

LPA Reference No.	Date of registration	Name of donor	Name of donee(s)

Office of the Public Guardian
(This is a system generated letter. No signature is required)