OFFICE OF THE PUBLIC GUARDIAN

Disclaimer by a donee of a Lasting Power of Attorney

OPG Form D1

I hereby disclaim appointment as *donee/replacement donee of the Lasting Power of Attorney, details of which are:

Name of donor _____

Application/Reference No. (if any) _____

Date of Registration _____

_____ _____ _____

Signed by ƒdoneeκ\\ŜLJtl·ŎŜYŜyű Ř2yŜŜ | Name of ƒdoneeκ\\ŜLJtl·ŎŜYŜyű Ř2yŜŜ | Date

_____

NRIC/Passport No. of ƒdoneeκ\\ŜLJtl·ŎŜYŜyű Ř2yŜŜ

_____

Address of ƒdoneeκ\\ŜLJtl·ŎŜYŜyű Ř2yŜŜ

_____ _____ _____

Signed by witness | Name of witness | Date

_____

NRIC/Passport No. of witness

_____

Address of witness

(*to delete as appropriate)