A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told.

Make copies of this sheet before filling it in if you need more than one sheet.

About the additional people

For each additional person, provide the following details

- Whether you want them to act as an attorney, replacement attorney or person to be told

! If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration

- Their title, full name, address (including postcode)
- Their date of birth

For example:

- Third attorney
- Mr John Smith,
- 38 London Street, Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road, Posttown, PC7 9XX
- 12 December 1962

About you

Name of person who is giving this lasting power of attorney

Date signed or marked

D D M M Y Y Y Y

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

A2 Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

About the additional information

For each additional piece of information you are providing, state whether it relates to:

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys

About you

Name of person who is giving this lasting power of attorney

Date signed or marked

D D M M Y Y Y Y

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

Valid only with Office of the Public Guardian stamp

A3:HW Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark

Use this continuation sheet if you cannot sign or make a mark at part A of your lasting power of attorney.

The person signing on behalf of the person giving this lasting power of attorney must

- sign in the person's presence **and** in the presence of **two witnesses.**
- sign in their own name
- not also be a witness.

Full name of the person signing

Option A

Do not sign both boxes

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

D D M M Y Y Y Y

The date you sign here must be the same as the date you sign below.

Option B

Do not sign both boxes

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

D D M M Y Y Y Y

The date you sign here must be the same as the date you sign below.

Signature of someone signing on behalf of the person giving this lasting power of attorney

I confirm that I have signed at Option A or Option B in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

Date signed

D D M M Y Y Y Y

Sign and date Option A or Option B above, and each continuation sheet, at the same time as you sign part A here.

You must sign and date part A here *before* parts B and C are signed and dated.

Signed as a deed and delivered in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

This continuation sheet has two pages.
Two witnesses must sign on the next page →

Number each page individually and attach both pages of continuation sheet A3:HW to the **back** of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

Continues over →

Valid only with Office of the Public Guardian stamp

A3:HW Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark (continued)

Each witness

- Must be 18 or over.
- C**annot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- Can be a certificate provider at part B, .
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

Witnessed by

Signature of **first** witness

Date signed

D D M M Y Y Y Y

Full names of first witness

Address and postcode of first witness

Postcode

Also witnessed by

Signature of **second** witness

Date signed

D D M M Y Y Y Y

Full names of second witness

Address and postcode of second witness

Postcode

About you

Name of person who is giving this lasting power of attorney

This continuation sheet has two pages.

Number each page individually and attach both pages of continuation sheet A3:HW to the **back** of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

B Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding

Your second certificate provider signs and dates this continuation sheet

Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = you only need **one** certificate provider so you do **not** need to fill in this continuation sheet

If no = the **second** certificate provider must fill in this continuation sheet

The **donor** is the person who is giving this lasting power of attorney.

By signing below, I confirm:

My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called **'Information you must read'** on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).

How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.

Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)

My profession and particular skills are:

Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

Continues over →

Valid only with Office of the Public Guardian stamp

B Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding

Declaration by the person who is signing this certificate (continued)

Things you certify

I certify that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

Your signature

Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign **as soon as possible** after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

Date signed

D D M M Y Y Y Y

Name and address of the person who is signing this certificate

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other title

First names of certificate provider

Last name of certificate provider

Address and postcode of certificate provider

Postcode

Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets