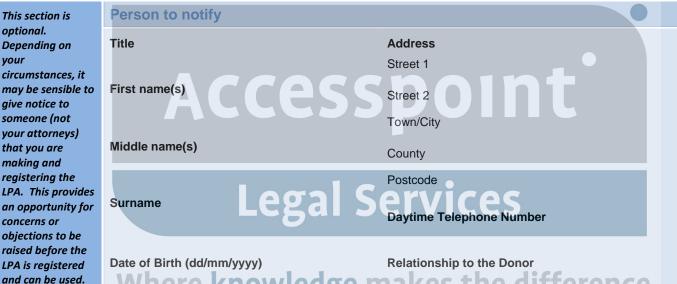
LPA Inception Form

? Guidance	Section 1 — Who is the person making the power of attorney ("the Donor")			
Please complete all sections unless	Title		Address	
marked optional			Street 1	
	First name(s)		Street 2	
			Town/City	
	Middle name(s) Surname Date of Birth (dd/mm/yyyy)		County	
			Postcode	
			Daytime Telephone Number	
			Email Address	
	Section 2 — What type of Lasting Power of Attorney is required?			
Please tick	Property and Financial Affairs		Both	
	Health and Welf			
	Section 3 — Who is going to be the attorney(s)?			
Attorneys are the	Title		Address	
people chosen to act and make decisions			Street 1	
on behalf of the donor. You can	First name(s)		Street 2	
appoint just one person (but consider a replacement attorney below) or		Legal S	Town/City/ICES	
up to 5. They must be over 18.	Middle name(s)		County	
	Surnameere	knowledge r	Postcode makes the difference	
			Daytime Telephone Number	
	Date of Birth (do	l/mm/yyyy)	Email Address	
	Deletienskin te	the Dener		
	Relationship to			
Please ask if you would like guidance	If more than o	one attorney is appointed	I, how are the attorneys to act?	(Tick one Box)
on this section		Attorneys must agree unanimo	usly on every decision and they must not act on their own.	
	Jointly		able to act, your LPA will stop working and none of your an act (unless you have appointed a replacement).	
			nd that you direct your attorneys to act in this way together or separately (e.g. if one attorney is not available	
	Jointly and severally		to act at a certain time). ble to act, the other attorneys can still act under the LPA.	
	Jointly for			
	some decisions and separately for others		ct your attorneys to act in this way, we do not recommend ike further information or guidance on this please ask us.	

Optional	Section 4 — Replacement attorney(s) Further attorneys (up to 5 in total) – please see optional section at the end of the form		
Replacement attorneys are a	Replacement Attorney 1		
backup in the event that one of your attorneys is unable to act in the future.	Title	Address Street 1	
Replacement attorneys are optional. If you	First name(s)	Street 2	
appoint more than one replacement, they will all step in at once (and they will be assumed to	Middle name(s)	Town/City County Postcode	
act jointly unless you specify otherwise).	Surname	Daytime Telephone Number	
	Date of Birth (dd/mm/yyyy)	Relationship to the Donor	

Optional

Section 5 — People to notify when the LPA is registered



Where knowledge makes the difference

Section 6 – Who will be the certificate provider?

A certificate provider is a person (not your attorney) who signs your LPA to confirm you understand the purpose and significance of a Lasting Power of Attorney and you have the mental capacity to make it. A certificate provider can be: • someone

who has known vou for at least 2 years (e.g. friend, neighbour, colleague)

In appropriate cases we are able to act as certificate provider; our fee for doing so is £50 per LPA. If you would like us to act as your certificate provider, please confirm: Otherwise please give details of your certificate provider: Certificate provider's details

Surname	Telephone Number	
	Postcode	
Middle name(s)	County	
	Town/City	
First name(s)	Street 2	
	Street 1	
Title	Address	

 someone with relevant professional skills e.g. a GP or healthcare professional, or a solicitor 	How do they know you? (please give details including how long they have known you)	In a professional capacity Friend Other (Please specify)			
Although not	Registering your LPA				
compulsory, in most cases, we recommend that the LPAs are registered as soon as they are made.	Please tick this box if you DO NOT wish yo	ur LPAs to be registered at this stage.			
The fee is £110.00 per LPA being registered, payable to the Office of the Public Guardian. We ask you to provide us with the fee in advance of when we make the application.					
	Optional Section				
Replacement attorneys are a backup in the event that one of your attorneys is unable	Further Replacement attorney(s) (up to 5 in total) Replacement Attorney 2	point			
to act in the future. Replacement attorneys are	Title	Address Street 1			
optional. If you appoint more than one replacement, they will all step in at once (and they will	First name(s) Legal S	Street 2 Town/ICES			
be assumed to act jointly unless you specify otherwise)	Middle name(s) Where knowledge n	County Postcode Daytime Telephone Number			
	Date of Birth (dd/mm/yyyy)	Relationship to the Donor			
	Replacement Attorney 3				
	Title	Address			
		Street 1			
	First name(s)	Street 2			
	Middle name(s)	Town County			
		Postcode			
	Surname	Daytime Telephone Number			
	Date of Birth (dd/mm/yyyy)	Relationship to the Donor			

Replacement Attorney 4				
Title	Address			
	Street 1			
First name(s)	Street 2			
	Town			
Middle name(s)	County			
	Postcode			
Surname	Daytime Telephone Number			
Date of Birth (dd/mm/yyyy)	Relationship to the Donor			
Replacement Attorney 5				
Title	Address			
	Street 1			
First name(s)	Street 2			
	Town			
Middle name(s)	County			
	Postcode			
Surname ACCESS	Daytime Telephone Number			
Date of Birth (dd/mm/yyyy)	Relationship to the Donor			
Legal Services				

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