

Lasting Power of Attorney Certificate Issuer Guide

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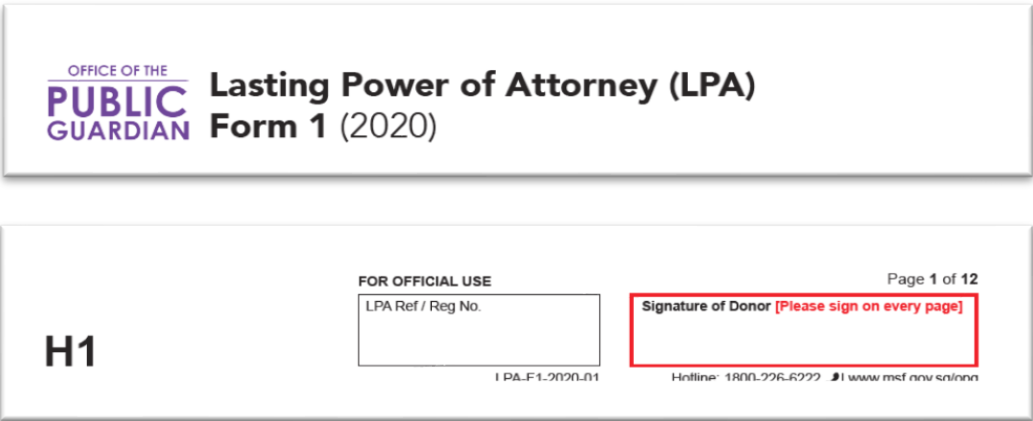
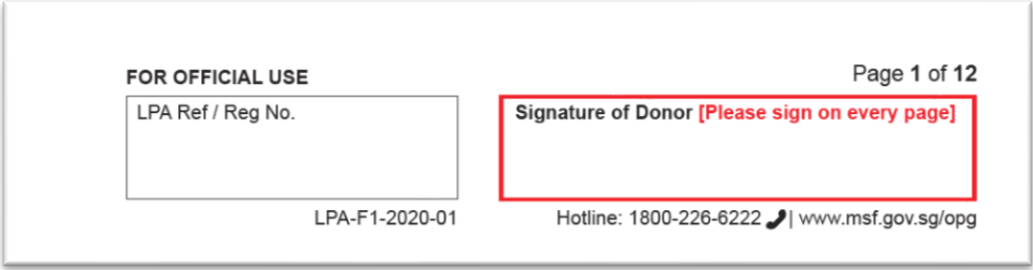
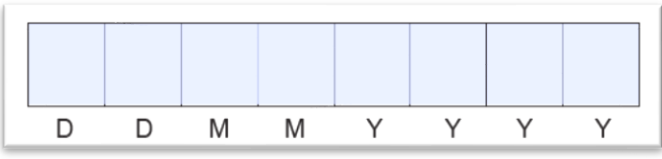
- I. **The objective of this guide is to ensure that the LPAs submitted to the Office of the Public Guardian (OPG) are complete and error-free. An LPA with error (s) will be rejected and returned to the applicant for amendments with the following inconveniences:**

S/N	Description
1	Need for countersigning on the amendment by the relevant parties (including those who are overseas, or the Certificate Issuer (CI))
2	Requiring the donor to meet with the CI again
3	Additional cost and time on either mailing or travelling for the resubmission of documents
4	Delay in registration of LPA

- II. **Top 5 common errors that can be avoided:**

S/N	Description
1	Missing/ Incorrect information such as full name, ID number, date of birth and date signed, of donor, donee (s), replacement donee and witnesses
2	Missing/ Inconsistent signatures/ thumbprints of donor, donee (s), replacement donee and witnesses
3	Missing/ Cancelled headers, footers and page numbers
4	Missing/ Incorrect countersignatures/ thumbprints of donor, donee (s), replacement donee, witnesses or CI for amendments
5	Potential conflict of interest in the LPA Form 1 applications, e.g. witness is the donee or replacement donee, CI is related to the donor and donee, etc. (Please refer to this guide page 11)

III. Checklist to prevent rejection:

S/N	Description
All pages (page 1 to 12)	
1	<ul style="list-style-type: none"> Header and footer with page numbers are in place and <u>must not be struck off.</u>  <ul style="list-style-type: none"> <u>Donor must sign at the footer of each page in the designated box consistently.</u> If a person uses a thumbprint, the same thumbprint is to be used throughout. A person can only choose to use a signature or thumbprint but not both.  <ul style="list-style-type: none"> All dates are to be provided in the format of <u>DDMMYYYY (e.g 14012020)</u> in the designated boxes. 
Page 1 – Important Information	
2	<ul style="list-style-type: none"> <u>Do not strike off</u> any clauses on this page as it will be rejected. If donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead.

Important Information you must read

Thank you for taking the time to make your LPA. If you are making the LPA, you are the "donor". The person(s) who you appoint to make decisions and act on your behalf should you lose mental capacity will be the "donee(s)".

As the donor, you are required to complete this entire form and **sign every page**.

Please have your donee(s)' particulars ready. It should take you approximately 30 minutes to complete the form.

Your donee(s) are required to sign pages 8 to 10.

After completing these, you will need to visit an LPA Certificate Issuer (CI). The CI's role is to certify that you understand the purpose of making an LPA, including your intention to appoint donees, the powers to be given to donees, and that you are not forced or deceived into making an LPA. You can find a list of CIs at www.msf.gov.sg/opq.

Your donee(s) will be given powers (i.e. Personal Welfare and/or Property and Affairs) to make decisions on your behalf when you lack mental capacity, or when they have reason to believe¹ you lack such capacity. Please **choose wisely and appoint donee(s) you know well and whom you can trust**.

Examples of powers that your donee(s) will have in relation to your Personal Welfare and/or Property and Affairs are:

Personal Welfare	Property and Affairs
<ul style="list-style-type: none">• Where you should live• Day to day care decisions (what to wear and eat)• Handling your letters / mail• Who you may have contact with• Healthcare and medical treatment decisions	<ul style="list-style-type: none">• Buying, selling, renting and mortgaging your property• Operating your bank accounts• Managing your CPF monies• Paying household expenses• Purchasing any equipment you may need

A replacement donee may replace your existing donee if any of these events occur:

- your donee gives notice to the Office of the Public Guardian (OPG) that he disclaims his appointment when he does not wish to be a donee anymore;
- your donee passes on;
- your donee becomes bankrupt (this will only terminate his power in relation to your Property and Affairs);
- you and your donee divorce or have your marriage annulled; or
- your donee loses mental capacity.

Your donee(s) must exercise their powers in accordance with the Mental Capacity Act Code of Practice, which ensures they are acting in your **best interests**. This can be found on our website at www.msf.gov.sg/opq.

After completing this LPA Form 1 and visiting the CI, please send this form and a photocopy of your donee(s)' and your NRIC/FIN/Passport (for foreigners) to the following address:

20 Lengkok Bahru #04-02
Family@Enabling Village
Singapore 159053

(Operating Hours: 8:30am-5:30pm Weekdays, excluding Public Holidays)

You may cancel the LPA at any time as long as you have the mental capacity to do so. For more information, please refer to the Revocation form at: www.msf.gov.sg/opq/Pages/Forms.aspx.

¹ It is recommended that your donee, before acting on your behalf, first obtains a medical report establishing that you lack mental capacity in relation to your Personal Welfare and/or Property and Affairs.

Pages 2, 3, 4 and 5 – Donor's, donee(s)' and replacement donee's details.

Clerical amendments made on these pages can be countersigned by the donor, the affected parties and their respective witnesses (e.g. amendment to the donor's details can be countersigned by the donor or the CI). If there is a change in the appointment of the donee(s)/ replacement donee, or powers granted to donee(s) and replacement donee, BOTH the donor and the CI must countersign. Donor or CI may strike through pages with no particulars.

3

- State the **full name** as per NRIC/FIN/Passport.

Full Name as in NRIC/FIN/Passport

4

- ID type is selected. **BOTH the donor and CI must countersign if there is a change to the donee(s)/replacement donee.**

*NRIC/FIN/Passport No. (*Delete as appropriate)

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- Singapore NRIC number – for Singaporeans and Permanent Residents.
- FIN number – for Foreigners with SingPass.
- Passport number – for Foreigners.

5	<ul style="list-style-type: none"> Date of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes. <div data-bbox="284 280 948 427"> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> </div>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
6	<ul style="list-style-type: none"> Email address is mandatory for Permanent Residents and Foreigners to make online payment for application fee. <div data-bbox="284 584 1362 719"> <p>Email Address</p> <input type="text"/> </div> <ul style="list-style-type: none"> Tick one box on powers granted by donor to donee(s) / replacement donee. Both the donor and CI must countersign for amendments on this option on powers. <div data-bbox="284 860 1362 1099"> <p>Powers Granted by Donor to Donee 1: <i>In the event that I lose my mental capacity, I authorise Donee 1 to make decisions about:</i> [Tick 1 box only]</p> <p><input type="checkbox"/> Personal Welfare only (e.g. decide where I should live, handle my letters / mail)</p> <p><input type="checkbox"/> Property and Affairs only (e.g. buy, sell, rent and mortgage my property, operate bank accounts)</p> <p><input type="checkbox"/> both Personal Welfare and Property and Affairs</p> </div>																

Page 6 – Powers Granted to Donee(s)

7	<ul style="list-style-type: none"> Options to be ticked by donor accordingly. Both the donor and CI must countersign for any amendments on this page. <div data-bbox="284 1326 1362 1715"> <p><u>Personal Welfare</u></p> <p>a. Do you allow your donee(s) to give or refuse consent to start or continue your treatments, including clinical trials? Clinical trials involve the testing of new health substances such as medication or medical devices. [Tick 1 box only]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If you have appointed more than one donee with Personal Welfare powers, please select how they should act for you: [Tick 1 box only]</p> <p><input type="checkbox"/> Jointly and severally (Any one of your donees can make decisions for you.)</p> <p><input type="checkbox"/> Jointly (All decisions must be agreed by both donees. If they are unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)</p> </div>
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	<p><u>Property and Affairs</u></p> <p>a. Do you require your donee(s) to seek the court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property? [Tick 1 box only]</p> <div style="border: 2px solid red; padding: 5px;"> <p><input type="checkbox"/> No, the donee(s) does/do not need to seek the court's approval.</p> <p><input type="checkbox"/> Yes, for the property at this address:</p> <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> </div> <p>b. Do you allow your donee(s) to sell your non-residential property and make gifts on your behalf? [Tick 1 box only]</p> <div style="border: 2px solid red; padding: 5px;"> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes, and I do not wish to specify the value of the gift(s) that can be made. However, the remaining cash must be sufficient to cater for my financial support.</p> <p><input type="checkbox"/> Yes, but the total value of gift(s) shall not exceed \$ within one calendar year.</p> </div> <p>c. If you have appointed more than one donee with Property and Affairs powers, please select how they should act for you: [Tick 1 box only]</p> <div style="border: 2px solid red; padding: 5px;"> <p><input type="checkbox"/> Jointly and severally (Any one of your donees can make decisions for you.)</p> <p><input type="checkbox"/> Jointly (All decisions must be agreed by both donees. If they are unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)</p> </div>
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Page 7 – Powers Granted to Donee(s)

8	<ul style="list-style-type: none"> Do not strike off any clauses on this page as it will be rejected. If donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead. <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>SECTION 4: POWERS GRANTED TO DONEE(S)</p> <p><u>Others</u></p> <p>My donee shall have the power to do anything necessary or practical to carry out the decisions made, as long as they are consistent with the Personal Welfare and/or Property and Affairs powers granted. This includes the following:</p> <ol style="list-style-type: none"> Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms; Claim and receive money payable to me and to acknowledge that money has been received; Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document; Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund (CPF) Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and Release the information obtained in (d) to any third parties. </div>
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Page 8, 9, 10 and 11 – Statement by Donee, replacement donee (if any) and donor. **Respective parties to countersign for any amendments.**

9	<ul style="list-style-type: none"> Date of signing for pages 8 to 10 by donee and replacement donee (if any) must be either the same or before the date indicated on page 11 and 12 by the donor and CI. Date of signing on page 11 by donor must be either before or the same date as per the date indicated on page 12 by the CI.
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10	<ul style="list-style-type: none"> The witness of the donee or replacement donee (if any) <u>must not be the donor, another donee or replacement donee in the same LPA.</u> The CI can be their witness. The witnesses of the Donee / replacement donee (if any) must provide their <u>full name and NRIC in the designated boxes.</u> <div data-bbox="284 277 844 535"> <p>Witness' Full Name as in NRIC/FIN/Passport</p> <input type="text"/> <p>Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)</p> <input type="text"/> </div> <ul style="list-style-type: none"> The translator (if any) to the donee(s)/ replacement donee (if any) <u>must be their witness.</u> If 'other' is selected please indicate the language translated. <div data-bbox="284 658 1393 808"> <p>My witness translated this form in (if applicable):</p> <p> <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (please specify): <input type="text"/> </p> </div>
11	<ul style="list-style-type: none"> The translator to the donor (if any) on page 11 must provide <u>signature, full name and ID number</u> in the designated boxes and select an ID type. The CI can be donor's witness. <div data-bbox="284 963 1370 1256"> <div> <p>Signature of Translator</p> <div></div> <p><i>[Translator must be at least 21 years old and cannot be your donee and/or any replacement donee.]</i></p> </div> <div> <p>Translator's Full Name as in NRIC/FIN/Passport</p> <input type="text"/> <p>Translator's *NRIC/FIN/Passport No. (*Delete as appropriate)</p> <input type="text"/> </div> </div>
12	<ul style="list-style-type: none"> <u>All red seal</u> (s) are to be affixed. <div data-bbox="284 1379 518 1630"> </div>

13

Certificate Issuer **must provide** the following:

- Full name
- ID number and ID type
- Name of Clinic/Legal Practice

Particulars of Certificate Issuer	
Full Name as in NRIC/FIN/Passport	
<input type="text"/>	
MCR/NRIC/FIN No.	Name of Clinic/Legal Practice
<input type="text"/>	<input type="text"/>

- Tick **one box** under the Statement of CI

1. I am: [Tick 1 box only]	
<input type="checkbox"/>	a medical practitioner who is accredited by the Public Guardian to issue LPA certificates.
<input type="checkbox"/>	a medical practitioner who is registered as a specialist in psychiatry under the Medical Registration Act.
<input type="checkbox"/>	an advocate and solicitor of the Supreme Court who has in force a valid practising certificate under the Legal Profession Act.
2. I have read the Important Information and understand my role and responsibilities as a CI, am acting independently of the donor, donee(s) and replacement donee, and am not disqualified from giving this LPA certificate under regulation 7(2) of the Mental Capacity Regulations 2010.	
3. I certify that at the time of signing this LPA Form 1,	
a. the donor understands the purpose of this LPA Form 1, including his intention to appoint the persons named as donees on Pages 3-5 and the powers to be given to these donees as set out in Pages 3-7;	
b. no fraud or undue pressure is being used to induce the donor to create an LPA; and	
c. there is nothing else that will prevent an LPA from being created by this LPA Form 1.	

- CI to sign in full signature. **Note: The date here must be the same as the date on page 11.**

Signature of Certificate Issuer	
<input type="text"/>	
D	D
M	M
Y	Y
Y	Y

14

- CI to ensure that he/ she **is not disqualified** to certify LPA as per Regulation 7(1), (2) and (3) of the Mental Capacity Regulations (please refer to annex).

15	<p>CI to impress professional stamp. Professional stamp must be clearly visible and to reflect the following:</p> <ul style="list-style-type: none"> • ‘Advocate and Solicitor’ for lawyers. • Qualifications or MCR number for doctors / psychiatrists. <div data-bbox="285 327 847 539" data-label="Image"> </div>
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Applicant for LPA

16	<ul style="list-style-type: none"> • Applicant for LPA form only to be completed if applicant (s) are donee (s). To indicate full name, signature and date signed accordingly. <div data-bbox="280 808 1361 1547" data-label="Form"> <p>Full Name of Applicant as in NRIC/FIN/Passport</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Signature of Applicant</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> DDMMYYYY </div> <p>Full Name of Applicant as in NRIC/FIN/Passport</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Signature of Applicant</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> DDMMYYYY </div> </div> <ul style="list-style-type: none"> • For applicant involving a donee with “Jointly” as the manner of acting, all the donees (excluding the replacement donee) involved in the LPA must sign. • Only either the donor (default) or the donee(s) can be the applicant. Replacement donee and CI cannot be the applicant.
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IV. Annex

Extract of Mental Capacity Regulations 7(1), (2) and (3)

Persons who may provide LPA Certificate

- 7.—(1) Subject to paragraph (2), the following persons may give an LPA Certificate:
- (a) a legally qualified medical practitioner who is registered as specialists in psychiatry under the Medical Registration Act (Cap. 174);
 - (b) a legally qualified medical practitioner who is accredited by the Public Guardian to issue LPA Certificates; and
 - (c) an advocate and solicitor of the Supreme Court who has in force a practising certificate under the Legal Profession Act (Cap. 161).
- (2) A person is disqualified from giving an LPA Certificate in respect of any instrument intended to create a lasting power of attorney if that person is —
- (a) a family member of the donor;
 - (b) a donee of that power;
 - (c) a donee of any other lasting power of attorney which has been executed by the donor (whether or not it has been revoked);
 - (d) a family member of a donee within sub-paragraphs (b) and (c);
 - (e) a director or an employee of a person other than an individual acting as a donee within sub-paragraphs (b) and (c);
 - (f) a business partner or an employee of —
 - (i) the donor; or
 - (ii) a donee within sub-paragraphs (b) and (c);
 - (g) an owner, a director, a manager or an employee of any care facility where the donor lives or is cared for when the instrument is executed; or
 - (h) a family member of a person within sub-paragraph (g).
- (3) For the purposes of paragraph (2), “donee” includes a “replacement donee”.

Definitions:

In these Regulations - “family member”, in relation to a person, means

- a) a spouse of the person;
- b) a child of the person, including an adopted child and a stepchild;
- c) a father or mother of the person;
- d) a father-in-law or mother-in-law of the person;
- e) a brother or sister of the person; or
- f) any other individual who is related by blood or marriage and who is living in the same household as the person.

Lasting Power of Attorney (LPA) Form 1 (2020)

**Header and footer with
page numbers must not
be struck off.**

Important Information you must read

Thank you for taking the time to make your LPA. If you are making the LPA, you are the "donor". The person(s) who you appoint to make decisions and act on your behalf should you lose mental capacity will be the "donee(s)".

As the donor, you are required to complete this entire form and **sign every page**.

Please have your donee(s)' particulars ready. It should take you approximately 30 minutes to complete the form.

Your donee(s) are required to sign pages 8 to 10.

After completing these, you will need to visit an LPA Certificate Issuer (CI). The CI's role is to certify that you understand the purpose of making an LPA, including your intention to appoint donees, the powers to be given to donees, and that you are not forced or deceived into making an LPA. You can find a list of CIs at www.msf.gov.sg/opg.

Your donee(s) will be given powers (i.e. Personal Welfare and/or Property and Affairs) to make decisions on your behalf when you lack mental capacity, or when they have reason to believe¹ you lack such capacity.

Please choose wisely and appoint donee(s) you know well and whom you can trust.

Examples of powers that your donee(s) will have in relation to your Personal Welfare and/or Property and Affairs are:

Personal Welfare	Property and Affairs
<ul style="list-style-type: none"> Where you should live 	<ul style="list-style-type: none"> Buy, sell, rent and mortgage your property

Do not strike off any clauses on this page as it will be rejected. If donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead.

A replacement donee may replace your existing donee if any of these events occur:

- your donee gives notice to the Office of the Public Guardian (OPG) that he disclaims his appointment when he does not wish to be a donee anymore;
- your donee passes on;
- your donee becomes bankrupt (this will only terminate his power in relation to your Property and Affairs);
- if you and your donee divorce or have your marriage annulled;
- your donee loses mental capacity.

Your donee(s) must exercise their powers in accordance with the Mental Capacity Act Code of Practice, which ensures they are acting in your **best interests**. This can be found on our website at www.msf.gov.sg/opg.

After completing this LPA Form 1 and visiting the CI, please send this form and a photocopy of your donee(s)' and your NRIC/FIN/Passport (for foreigners) to the following address:

**20 Lengkok Bahru #04-02
Family@Enabling Village
Singapore 159053**

(Operating Hours: 8:30am-5:30pm Weekdays, excluding Public Holidays)

You may cancel the LPA at any time as long as you have the mental capacity to do so. For more information, please refer to the Revocation form at: www.msf.gov.sg/opg/Pages/Forms.aspx.

¹ It is recommended that your donee, before acting on your behalf, first obtain your consent and confirm your mental capacity in relation to your Personal Welfare and/or Property and Affairs.

Donor must sign at the footer of each page in the designated box consistently. If a person uses a thumbprint, the same thumbprint is to be used throughout. A person can only choose to use a signature or thumbprint but not both.

FOR OFFICIAL USE

Page 1 of 12

LPA Ref / Reg No.

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 1: PARTICULARS OF DONOR (to be filled by Donor, the person making the LPA)

Your Full Name as in NRIC/FIN/Passport

State the full name as per NRIC/FIN/Passport.

*NRIC/FIN/Passport No.

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- Singapore NRIC number – for Singaporeans and Permanent Residents.
- FIN number – for Foreigners with SingPass.
- Passport number – for Foreigners.

Your Date of Birth

D	D	M	M	Y	

Date of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.

Your Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Contact No.

--	--	--	--	--	--	--	--	--	--

Email address is mandatory for Permanent Residents and Foreigners to make online payment for application fee.

Local Mailing Address

Street Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Floor No.:

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Unit No.:

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Postal Code:

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Please indicate a local address only. Please also ensure the address is indicated correctly.

Clerical amendments made on this page can be countersigned by donor, or the Certificate Issuer as the donor's witness.

FOR OFFICIAL USE

LPA Ref No.

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Page 2 of 12

Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 2.1: PARTICULARS OF DONEE 1 (to be filled by Donor)

Full Name as in NRIC/FIN/Passport

State the full name as per NRIC/FIN/Passport.

*NRIC/FIN/Passport

- Singapore NRIC number – for Singaporeans and Permanent Residents.
- FIN number – for Foreigners with SingPass.
- Passport number – for Foreigners.

Date of Birth

Date of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.

Email Address

Contact No.

Relationship to Donor

Local Mailing Address

Please indicate a local address only. Please also ensure the address is indicated correctly.

Street Name:

Floor No.:

Unit No.:

Postal Code:

Powers Granted by Donor to Donee 1:

Tick one box on powers granted by donor to donee 1.

In the event that I lose my mental capacity, I authorise Donee 1 to make decisions about: **[Tick 1 box only]**

- ☐ Personal Welfare only (e.g. decide where you should live, handle your letters / mail)
- ☐ Property and Affairs only (e.g. buy, sell, rent and mortgage your property, operate bank accounts)
- ☐ both Personal Welfare and Property and Affairs

Clerical amendments made on this page can be countersigned by the donor, the affected parties and their respective witnesses (e.g. amendment to the donor's details can be countersigned by the donor or the CI).

If there is a change in the appointment of the donee or powers granted, BOTH the donor and the CI must countersign.

FOR OFFICIAL USE

LPA Ref No.

Page 3 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

Donor or CI may strike off this page if there is no Donee 2 appointed.

SECTION 2.2: PARTICULARS OF DONEE 2 (to be filled by Donor)

Please complete this section only if you would like to appoint a second donee.

Full Name as in NRIC/FIN/Passport

State the full name as per NRIC/FIN/Passport.

*NRIC/FIN/Passport I

- Singapore NRIC number – for Singaporeans and Permanent Residents.
- FIN number – for Foreigners with SingPass.
- Passport number – for Foreigners.

Date of Birth

Date of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.

Email Address

Contact No.

Relationship to Donor

Local Mailing Address

Please indicate a local address only. Please also ensure the address is indicated correctly.

Street Name:

Floor No.:

Unit No.:

Postal Code:

Tick one box on powers granted by donor to donee 2 (if any).

Powers Granted by Donor to Donee 2:

In the event that I lose my mental capacity, I authorise Donee 2 to make decisions about: **[Tick 1 box only]**

- ☐ Personal Welfare only (e.g. decide where you should live, handle your letters / mail)
- ☐ Property and Affairs only (e.g. buy, sell, rent and mortgage your property, operate bank accounts)
- ☐ both Personal Welfare and Property and Affairs

Clerical amendments made on this page can be countersigned by donor, the affected parties and their respective witnesses.

If there is a change in the appointment of the donee or the powers granted, BOTH the donor and the CI must countersign.

FOR OFFICIAL USE

Page 4 of 12

LPA Ref No.

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

Donor or CI may strike off this page if there is no replacement donee appointed.

SECTION 3.1: PARTICULARS OF REPLACEMENT DONEE (to be filled by Donor)

Please complete this section only if you would like to appoint a replacement donee.

A replacement donee may replace an existing donee if the donee notifies OPG that he does not wish to continue his appointment, has passed on or lost his mental capacity, has become a bankrupt when given Property and Affairs powers, or has divorced the donor (or annulled his marriage with the donor).

Full Name as in NRIC/FIN/Passport

State the full name as per NRIC/FIN/Passport.

--	--	--	--	--	--	--	--	--	--

*NRIC/FIN/Passport

--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Singapore NRIC number – for Singaporeans and Permanent Residents.
- FIN number – for Foreigners with SingPass.
- Passport number – for Foreigners.

Date of Birth

D	D	M	M		

Date of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.

Contact No.

--	--	--	--	--	--	--	--	--	--

Relationship to Donor

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Mailing Address

Please indicate a local address only. Please also ensure the address is indicated correctly.

Street Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Floor No.:

--	--

Unit No.:

--	--	--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--

Tick one box on powers granted by donor to replacement donee (if any).

Powers Granted by Donor to Replacement Donee:

In the event that a donee is unable to act, I authorise my replacement donee to replace: [Tick 1 box only]

- ☐ any donee who is unable to act
- ☐ any donee with Personal Welfare powers who needs replacing
- ☐ any donee with Property and Affairs powers who needs replacing
- ☐ Donee 1 only
- ☐ Donee 2 only

Clerical amendments made on this page can be countersigned by donor, the affected parties and their respective witnesses.

If there is a change in the appointment of the replacement donee or the powers granted, BOTH the donor and the CI must countersign.

FOR OFFICIAL USE

LPA Ref No.

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Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 1 (2020)

Options to be ticked by
donor accordingly.

SECTION 4: POWERS GRANTED TO DONEE(S) (to be filled by Donor)

Personal Welfare

- a. Do you allow your donee(s) to give or refuse consent to start or continue your treatments, including clinical trials? Clinical trials involve the testing of new health substances such as medication or medical devices.
[Tick 1 box only]

☐ Yes ☐ No

- b. If you have appointed more than one donee with Personal Welfare powers, please select how they should act for you: [Tick 1 box only]

- ☐ **Jointly and severally** (Any one of your donees can make decisions for you.)
☐ **Jointly** (All decisions must be agreed by both donees. If they are unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)

Property and Affairs

- a. Do you require your donee(s) to seek the court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property? [Tick 1 box only]

☐ No, the donee(s) does/do not need to seek court's approval.

☐ Yes, for the property at this address: _____

Please only indicate an address if you select the option 'yes'. Only one address can be indicated here.

- b. Do you allow your donee(s) to sell your non-residential property and make gifts on your behalf? [Tick 1 box only]

☐ No.

☐ Yes, and I do not wish to specify the value of the gift(s) that can be made. However, the remaining cash must be sufficient to cater for my financial support.

☐ Yes, but the total value of gift(s) shall not exceed \$_____ within one calendar year.

- c. If you have appointed more than one donee with Property and Affairs powers, please select how they should act for you: [Tick 1 box only]

☐ **Jointly and severally** (Any one of your donees can make decisions for you.)

☐ **Jointly** (All decisions must be agreed by both donees. If they are both unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)

Amendments made to powers granted to donee(s) must be countersigned by BOTH the donor and the CI.

FOR OFFICIAL USE

LPA Ref No.

Page 6 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 4: POWERS GRANTED TO DONEE(S)

Others

My donee shall have the power to do anything necessary or practical to carry out the decisions made, as long as they are consistent with the Personal Welfare and/or Property and Affairs powers granted. This includes the following:

- a. Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms;
- b. Claim and receive money payable to me and to acknowledge that money has been received;
- c. Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document;
- d. Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund (CPF) Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and
- e. Release the information obtained in (iv) to any third parties.

Do not strike off any clauses on this page as it will be rejected. If donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead.

FOR OFFICIAL USE

LPA Ref No.

Page 7 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 5.1: STATEMENT AND SIGNATURE BY DONEE 1

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions for the donor).
3. I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee(s) would be cancelled:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted Property and Affairs powers by the donor);
 - (c) The donor and I have divorced or our marriage has been annulled; or
 - (d) *[Not applicable if I am appointed to act 'jointly and severally' with Donee 2]* I am no longer able to act because Donee 2 has passed on or lost mental capacity.
5. By signing, I consent to be appointed as a donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, 8.5 of the Code of Practice at www.msf.gov.sg/lpa

Signed as a deed by Donee 1							
D	D	M	M	Y	Y	Y	Y



Date of signing by donee 1 must be either the same or before the date indicated on page 12 by the CI.

[Date here must be earlier or the same as that on page 12.]

Signature of Witness

[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

Witness' Full Name as in NRIC/FIN/Passport

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Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

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The witness of the donee 1 must provide his/her full name and NRIC in the designated boxes.

My witness translated this form in (if applicable):

- ☐ Mandarin
 ☐ Malay
 ☐ Tamil
 ☐ Others (please specify): _____

The witness of the donee 1 must not be the donor, another donee or replacement donee in the same LPA. The CI can be the witness.

FOR OFFICIAL USE

LPA Ref No.

Page 8 of 12

Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 1 (2020)

Donor or CI may strike off this page if there is no Donee 2 appointed.

SECTION 5.2: STATEMENT AND SIGNATURE BY DONEE 2

- I have read the **Important Information** stated on Page 1 or it has been read to me.
- I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions for the donor).
- I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
- I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee(s) would be cancelled:
 - I do not wish to be appointed anymore;
 - I am made a bankrupt (where I have been granted Property and Affairs powers by the donor);
 - The donor and I have divorced or our marriage has been annulled; or
 - [Not applicable if I am appointed to act 'jointly and severally' with Donee 1] I am no longer able to act because Donee 1 has passed on or lost mental capacity.
- By signing, I consent to be appointed as a donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed as a deed by Donee 2

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D D M M Y Y Y Y

[Date here must be earlier or the same as that on page 12.]

Signature of Witness

--	--	--	--	--	--	--	--

[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

My witness translated this form in (if applicable):

☐ Mandarin ☐ Malay ☐ Tamil ☐ Others (please specify): _____

Affix
seal
here

Date of signing by donee 2 (if any) must be either the same or before the date indicated on page 12 by the CI.

Witness' Full Name as in NRIC/FIN/Passport

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Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

--	--	--	--	--	--	--	--

The witness of the donee 2 (if any) must provide his/her full name and NRIC in the designated boxes.

The witness of the donee 2 (if any) must not be the donor, another donee or replacement donee in the same LPA. The CI can be the witness.

FOR OFFICIAL USE

LPA Ref No.

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Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 1 (2020)

Donor or CI may strike off this page if there is no replacement donee appointed.

SECTION 6.1: STATEMENT AND SIGNATURE BY REPLACEMENT DONEE

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions).
3. I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee(s) would be cancelled:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted Property and Affairs powers by the donor); or
 - (c) The donor and I have divorced or our marriage has been annulled.
5. I will replace an original donee that I am appointed to replace.
6. By signing, I consent to be appointed as a replacement donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, 8.5 of the Code of Practice at

Signed as a deed by Replacement Donee

D	D	M	M	Y	Y	Y	Y

Affix seal here

Date of signing by replacement donee (if any) must be either the same or before the date indicated on page 12 by the CI.

[Date here must be earlier or the same as that on page 12.]

Signature of Witness

Witness' Full Name as in NRIC/FIN/Passport

Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

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The witness of the replacement donee (if any) must provide his/her full name and NRIC in the designated boxes.

[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

My witness translated this form in (if applicable):

☐ Mandarin
 ☐ Malay
 ☐ Tamil
 ☐ Others (please specify): _____

The witness of the replacement donee (if any) must not be the donor, another donee or replacement donee in the same LPA. The CI can be the witness.

FOR OFFICIAL USE

LPA Ref No.

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 7.1: STATEMENT AND SIGNATURE BY DONOR

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) named as donee(s) and/or replacement donee to have authority to make decisions and act for me in the matters as specified in Pages 3 – 5, in circumstances where I lack mental capacity or where my donee has reason to believe² I lack mental capacity.
3. I am 21 years of age or older and am not an undischarged bankrupt (where my donee has powers to make Property and Affairs decisions for me).
4. I intend that my replacement donee (if applicable) shall replace my appointed donee in the manner as described on Page 5.
5. I revoke my previous LPA (if any), with effect from the date that this LPA Form 1 is registered by the Public Guardian.

Signed as a deed by Donor

**Affix
seal
here**

Signature of Certificate Issuer as witness

Date of signing on page 11 by donor must be either before or the same date as per the date indicated on page 12 by the CI.

Signature of Translator

Translator's Full Name as in NRIC/FIN/Passport

Translator's *NRIC/FIN/Passport No. (*Delete as appropriate)

[Translator must be at least 21 years old and cannot be your donee and/or any replacement donee.]

My translator translated this form in (if applicable):

☐ Mandarin ☐ Malay ☐ Tamil ☐ Others (please specify): _____

² It is recommended that your donee, before acting on your behalf, first obtains a medical report establishing that you lack mental capacity in relation to your Personal Welfare and/or Property and Affairs.

The translator to the donor (if any) on page 11 must provide signature, full name and ID number in the designated boxes and select an ID type.

FOR OFFICIAL USE

LPA Ref No.

Page 11 of 12

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 8: LPA CERTIFICATE (to be filled by Certificate Issuer)

This section is for the Certificate Issuer (CI) to certify that the donor understands the purpose of making an LPA, including his intention to appoint the persons named as donees on Pages 3-5, the powers that will be given to these donees as set out in Pages 3-7, and that the donor is not forced or deceived into making an LPA. The CI must not be the donor, donee, replacement donee or related to or an employee or a business partner of any of them. He/She must not act under a conflict of interest.

Particulars of Certificate Issuer

Certificate Issuer must provide the following: Full name, ID number and ID type and Name of Clinic/Legal Practice

Full Name as in NRIC/FIN/Passport

MCR/NRIC/FIN No.

--	--	--	--	--	--	--	--	--	--

Name of Clinic/Legal Practice

Statement by Certificate Issuer

1. I am: **[Tick 1 box only]**

- ☐ a medical practitioner who is accredited by the Public Guardian to issue LPA certificates.
☐ a medical practitioner who is registered as a specialist in psychiatry under the Medical Registration Act.
☐ an advocate and solicitor of the Supreme Court who has in force a valid practising certificate under the Legal Profession Act.

2. I have read the **Important Information** and understand my role and responsibilities as a CI, am acting independently of the donor, donee(s) and replacement donee, and am not disqualified from giving this LPA certificate under regulation 7(2) of the Mental Capacity Regulations 2010.

3. I certify that at the time of signing this LPA Form 1,
a. the donor understands the purpose of this LPA Form 1, including his intention to appoint the persons named as donees on Pages 3-5 and the powers to be given to these donees as set out in Pages 3-7;
b. no fraud or undue pressure is being used to induce the donor to create an LPA; and
c. there is nothing else that will prevent an LPA from being created by this LPA Form 1

Signature of Certificate Issuer

Professional Stamp

D D M M Y Y Y Y

[Date here must be later or the same as that on page 11.]

CI to sign in full signature. Note: The date here has to be later or the same as the date on page 11.

CI to impress professional stamp. Professional stamp must be clearly visible and to reflect either 'Advocate and Solicitor' for lawyers or Qualification or MCR number for doctors / psychiatrists.

FOR OFFICIAL USE

LPA Ref No.

Page 12 of 12

Signature of Donor [Please sign on every page]

Applicant of LPA Form 1

Applicant for LPA form only to be completed if applicant(s) are donee(s). To indicate full name, signature and date signed accordingly.

As the donor, you are the default applicant. You do not need to complete the fields below in order to apply for an LPA.

If your donee wishes to be the applicant, he has to complete the fields below. If you have appointed 2 donees to act jointly, both must complete the fields below.

Upon acceptance of your LPA, OPG will notify you. There will be a 3 week mandatory waiting period (beginning from the last date the Public Guardian notifies you/your donee(s) that the LPA application has been accepted for registration) and if no valid objections are received during this time, your LPA will be registered. You can withdraw the LPA application any time before it is registered.

If payment is required, the notice of payment will be sent to the applicant's email once the LPA has been processed. Please ensure that the applicant's email field is indicated in the LPA form. OPG does not accept cheques as a mode of payment.

Please note that this page would not be registered with the LPA Form 1.

Full name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

D D M M Y Y Y Y

For applicant involving a donee with "Jointly" as the manner of acting all the donees (excluding the replacement donee) must be included as the applicants and also sign on this page.

Only either the donor (default) or the donee(s) can be the applicant. Replacement donee and CI cannot be the applicant.

Full name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

D D M M Y Y Y Y