

GUIDE TO
**FILLING UP THE
LASTING POWER
OF ATTORNEY**

OFFICE OF THE

**PUBLIC
GUARDIAN**

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INTRODUCTION

Who is this guide for?

If you are looking to make a Lasting Power of Attorney ("LPA") so that you can appoint someone you trust to look after your personal welfare and/or property and affairs in the event you lose your mental capacity, this guide is for you.

What is a Lasting Power of Attorney?

An LPA is a legal document that allows you to voluntarily appoint someone you trust to take action or make decisions on your behalf should you lose the mental capacity to do so in the future. In an LPA, you will be legally known as the "Donor" and the person you trust to make decision on your behalf is known as your "Donee".

What decisions are covered by a Lasting Power of Attorney?

You can appoint your donee to make decisions for the following matters:

- (a) Property & affairs matters: Relates to making decisions when dealing with banks, CPF matters, selling of property, etc.
- (b) Personal welfare matters: Relates to decisions on care, where you leave, etc.

Who can make an LPA?

If you are 21 years old and above and have mental capacity, you can make an LPA. However, you must also not be a bankrupt if your LPA relates to property and affairs matters.

Who can be your donee?

The donee you appoint must be 21 years old and above. If you are appointing a donee to act for you on property & affairs matters, your donee must also not be a bankrupt.

What if my donee is unable to act for me?

You are able to appoint replacement donee(s) to take over from your originally appointed donee(s) in the event that they are unable to do so due to reasons stipulated in the Mental Capacity Act, e.g. death, lacking in mental capacity. The replacement donee(s) you appoint must be 21 years old and above and not be a bankrupt if your LPA relates to property and affairs matters.

Why should I make an LPA?

You should consider making an LPA now as it allows you to plan ahead for:

- (a) The decisions you want to be made on your behalf when you lose mental capacity to do so;
- (b) The specific person(s) you want to make those decisions for you; and
- (c) How the people make these decisions.

What must you consider before making a Lasting Power of Attorney?

You must decide that you wish to plan ahead and appoint someone to make decisions for you in the situation where you lose your mental capacity and decide on the person(s) who you trust to make the decisions for you in the future. You must inform the person you wish to be your donee and seek his/her agreement.

There are 2 forms of LPA to choose from: Lasting Power of Attorney – OPG Form 1 and Lasting Power of Attorney OPG Form 2. If you use OPG Form 1, you will give up your donee(s) *very wide* powers to decide for you about your personal welfare and/or property & affairs. If you have specific requirements, OPG Form 2 should be used and a lawyer will have to draft the powers of the donee(s) in Part C of that form.

You should obtain and review the “Lasting Power of Attorney OPG Form 1” and the “Application to Register an Instrument as a Lasting Power of Attorney OPG Form A1” to initiate your LPA-making process.

COVERING SHEET (Page 1 of 2)

THE COVERING SHEET
You must read the Prescribed Information first.

Covering Sheet Page 1 of 2

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Website: www.publicguardian.gov.sg

Lasting Power of Attorney
OPG Form 1

Prescribed Information (You must read this information)

What is a lasting power of attorney
A lasting power of attorney is a legal document that allows you (the donor) to choose and appoint a person (the donee) to make decisions for you when you cannot make the decisions because you lack mental capacity. You may authorise your donee to make decisions concerning your:

- personal welfare (including health care); and/or
- property & affairs (including financial matters).

The lasting power of attorney must be registered
The lasting power of attorney must be registered with the Office of the Public Guardian.

When can your donee act for you
After registration, your donee may make decisions on your behalf only if you lack mental capacity to make those decisions.

What your donee can and cannot do
Your donee cannot do whatever he or she likes. Your donee's powers are governed by the terms of the lasting power of attorney and the provisions of the Mental Capacity Act 2008. Your donee must follow the principles of the Act, which include the principle that your donee must act in your best interests. Guidance about the Act is found in the Mental Capacity Act Code of Practice, which is available from the Office of the Public Guardian or at www.publicguardian.gov.sg. Your donee must have regard to the Code of Practice.

Your donee may not make or revoke a will, insurance nomination or Central Provident Fund nomination on your behalf. There is guidance on other restrictions in the Code of Practice.

Cancelling this lasting power of attorney
You can cancel your lasting power of attorney at any time after it is registered as long as you have mental capacity to cancel it. You must notify your donee and the Office of the Public Guardian.

This lasting power of attorney comprises the following parts:
(You must state correctly the number of pages in each part)

Covering Sheet	
Number of pages in Covering Sheet	2

Part A: Donor's particulars and instructions	
Number of pages in Part A	1
Number of pages of Continuation Sheet Ai	

Part B: Particulars of the donee(s) and/or replacement donee(s)	
Number of pages in Part B	1
Number of pages of Continuation Sheet Bi	

Part C: Powers granted to the donee(s)	
Number of pages in Part C	2

Part D: Donor's statement	
Number of pages in Part D	2

Part E: LPA Certificate	
Number of pages in Part E	2

Part F: Statement by donee or replacement donee	
Number of pages in Part F	

For Official Use	
Date registered	
Registration number	

Signature of the donor _____

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You should only fill up this section after you have completed the entire LPA.

You will need to fill in the number of Continuation Sheet(s) that may be used for Part A and Part B. If you have no Continuation Sheets, please indicate "NA".

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

COVERING SHEET (Page 2 of 2)

THE COVERING SHEET

This page is for use by the Office of the Public Guardian. Do not write on this page.

Covering Sheet Page 2 of 2

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Lasting Power of Attorney
OPG Form 1

For Official Use

Signature of the donor

Office of the Public Guardian stamp will be
affixed when this instrument is registered.

REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART A (Page 1 of 1) DONOR'S PARTICULARS AND INSTRUCTIONS

PART A DONOR'S PARTICULARS AND INSTRUCTIONS

In Part A, you will have to put down your particulars and indicate your instructions on whether you wish to have anyone to be notified when an application is made to register your lasting power of attorney.

Part A Page 1 of 1

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Lasting Power of Attorney
OPG Form 1

Part A: Donor's particulars and instructions

1 Donor's particulars

1.1 **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

1.2 **Full name as in ID** _____

1.3 **ID type** NRIC Foreign Passport 1.4 **ID number** _____ 1.5 **Country of issue** _____

1.6 **Nationality** _____ 1.7 **Date of birth** (dd/mm/yyyy) _____ / _____ / _____

1.8 **Residential address** _____

1.9 **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

2 Particulars of the person(s) to be notified

2.1 When an application is made to register this lasting power of attorney,

I do not wish anyone to be notified of the application (item 2.2 shall not apply).

the person(s) named below is/are to be notified.

Please tick the number of person(s) to be notified

01 02 03 04 05

i The person to be notified may raise objection about your lasting power of attorney if he or she has concerns on your behalf. This person must not be a donee or a replacement donee. You can name a maximum of 5 persons. If you have more than 1 person to be notified, please use Continuation Sheet Ai.

2.2 **First or only person to be notified**

(a) **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

(b) **Full name as in ID** _____

(c) **ID type** NRIC Foreign Passport (d) **ID number** _____ (e) **Country of issue** _____

(f) **Residential address** _____

(g) **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

For particulars of additional person(s) to be notified, if any, see Continuation Sheet Ai.

This is the end of Part A

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You should tick the appropriate option in Item 2.1.

If you had ticked the 2nd option in 2.1, remember to indicate the number of person(s) to be notified.

★ COMPLETION TIP

When filling up the particulars of the person to be notified and you have more than one person to be notified, remember to use Continuation Sheet(s) Ai for the additional person(s) to be notified.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

CONTINUATION SHEET Ai ADDITIONAL PERSON TO BE NOTIFIED

This Continuation Sheet is to be used when you have more than 1 person to be notified when an application to register your LPA is made.

Fill in the particulars of the other person(s) to be notified, i.e. 2nd, 3rd, 4th, 5th.

You may print additional Continuation Sheets Ai from the softcopy file or make photocopies of this sheet for use.

CONTINUATION SHEET Ai (Page 1 of 1) ADDITIONAL PERSON TO BE NOTIFIED

Continuation Sheet Ai Page 1 of 1

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Lasting Power of Attorney
OPG Form 1

Continuation Sheet Ai: Additional person to be notified

i (a) This Continuation Sheet should only be used if you have more than 1 person to be notified in Part A item 2.
(b) Please make sufficient copies of this form to indicate all the additional persons you wish to be notified.
(c) Indicate in item 1.1 the ordinal number (e.g. 2nd, 3rd, 4th, 5th) of the additional person to be notified.
(d) Please attach the Continuation Sheet to the back of Part A of the lasting power of attorney.

1 Particulars of the additional person to be notified

1.1 *2nd / 3rd / 4th / 5th person to be notified (* to delete accordingly) ● _____

(a) **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

(b) **Full name as in ID** _____

(c) **ID type** NRIC Foreign Passport (d) **ID number** _____ (e) **Country of issue** _____

(f) **Residential address** _____

(g) **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

2 Donor's particulars

2.1 **Full name as in ID** _____ ●

2.2 **ID type** NRIC Foreign Passport **2.3 ID number** _____

This is the end of Continuation Sheet Ai

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You must indicate clearly if this person is the 2nd, 3rd, 4th or 5th person to be notified.

i REMEMBER!

You can only have up to 5 persons to be notified.

★ COMPLETION TIP

You must indicate your name and ID type and number in item 2 of this Continuation Sheet to identify this sheet as part of your LPA.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART B (Page 1 of 1) PARTICULARS OF THE DONEE(S) AND/OR REPLACEMENT DONEE(S)

PART B PARTICULARS OF THE DONEE AND/OR REPLACEMENT DONEE

Here in Part B, you will have to fill in the particulars of your donee(s) who are to make decisions for you when you are unable to.

Although there is no limit to the donees you can appoint, you should not appoint too many because it may be difficult to get them to agree on decisions.

When appointing more than 1 donee, you should choose donees that are able to work together so that differences in decision-making may be resolved amicably.

You can also appoint replacement donee(s) to take over as a donee when original donee(s) become(s) unable to act for you.

This may happen, because of, for example:

- divorce between donor and donee;
- bankruptcy of donor or donee (for property & affairs donee); and/or
- lack of mental capacity of the donee.

If you do not wish to appoint any replacement donee(s), please indicate "0" for number of replacement donee.

Part B Page 1 of 1

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Lasting Power of Attorney
OPG Form 1

Part B: Particulars of the donee and/or replacement donee

i If you want to appoint more than 1 donee or replacement donee, use Continuation Sheet Bi to provide particulars of the other donee(s) or replacement donee(s).

1 Particulars of the donee (individual)

Number of donees: _____

1.1 This is the first or only donee.

1.2 **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

1.3 **Full name as in ID** _____

1.4 **ID type** NRIC Foreign Passport 1.5 **ID number** _____ 1.6 **Country of issue** _____

1.7 **Nationality** _____ 1.8 **Date of birth** (dd/mm/yyyy) _____ / _____ / _____

1.9 **Residential address** _____

1.10 **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

1.11 **Powers granted in the area of** (please tick only one) Personal welfare only Property & affairs only Both personal welfare and property & affairs

For particulars of additional donee(s), if any, see Continuation Sheet Bi.

2 Particulars of the replacement donee (individual)

i A replacement donee is to replace the donee in the event the donee's appointment is terminated. If you have only 1 donee, and do not have any replacement donee, this lasting power of attorney will end when your donee can no longer act.

Number of replacement donee(s): _____ (If you have no replacement donee, please state 0 and cross out items 2.1 to 2.11)

2.1 This is the first or only replacement donee.

2.2 **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

2.3 **Full name as in ID** _____

2.4 **ID type** NRIC Foreign Passport 2.5 **ID number** _____ 2.6 **Country of issue** _____

2.7 **Nationality** _____ 2.8 **Date of birth** (dd/mm/yyyy) _____ / _____ / _____

2.9 **Residential address** _____

2.10 **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

2.11 **Replacement donee is to replace** (please tick only one)

Any donee that needs replacing
 Any personal welfare donee that needs replacing
 Any property & affairs donee that needs replacing
 This named donee: _____

For particulars of additional replacement donee(s), if any, see Continuation Sheet Bi.

This is the end of Part B

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You must indicate clearly how many donees you are appointing and think through carefully on what powers you want to grant your donees.

★ COMPLETION TIP

If you have more than 1 donee, remember to use Continuation Sheet(s) Bi to provide particulars of your additional donee(s) and indicate the powers to be granted.

★ COMPLETION TIP

If you have appointed a replacement donee, you can indicate in item 2.11 who or what type of donee the replacement donee replaces.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

CONTINUATION SHEET Bi (Page 1 of 1)

PARTICULARS OF THE DONEE(S) AND/OR REPLACEMENT DONEE(S)

CONTINUATION SHEET Bi PARTICULARS OF THE DONEE AND/OR REPLACEMENT DONEE

This Continuation Sheet is to be used when you have more than 1 donee and/or replacement donee.

Fill in the particulars of your 2nd and any additional donee(s) and/or replacement donee(s).

You may print additional Continuation Sheets Bi from the softcopy or make photocopies of this sheet for use.

Continuation Sheet Bi Page 1 of 1

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Lasting Power of Attorney
OPG Form 1

Continuation Sheet Bi: Particulars of additional donee or replacement donee

i (a) This Continuation Sheet should only be used if you have more than 1 donee or replacement donee.
(b) Please make sufficient copies of this form for all the additional donee(s) or replacement donee(s).
(c) Indicate in item 1.1 the ordinal number (e.g. 2nd) of the additional donee or replacement donee.
(d) Attach the Continuation Sheet to the back of Part B of the lasting power of attorney.

1 Particulars of additional donee or replacement donee

1.1 This is the _____ *donee/replacement donee (* to delete as appropriate)

1.2 **Title** (please tick as appropriate) Mr Ms Others (please specify) _____

1.3 **Full name as in ID** _____

1.4 **ID type** NRIC Foreign Passport 1.5 **ID number** _____ 1.6 **Country of issue** _____

1.7 **Nationality** _____ 1.8 **Date of birth** (dd/mm/yyyy) / / _____

1.9 **Residential address** _____

1.10 **Contact number(s)** (please include country code if applicable) Home _____ Office _____ Mobile _____

1.11 **For additional donee only**
Powers granted in the area of (please tick only one)

Personal welfare only Property & affairs only Both personal welfare and property & affairs

1.12 **For additional replacement donee only**
Replacement donee is to replace (please tick only one)

Any donee that needs replacing Any personal welfare donee that needs replacing Any property & affairs donee that needs replacing This named donee: _____

2 Donor's particulars

2.1 **Full name as in ID** _____

2.2 **ID type** NRIC Foreign Passport 2.3 **ID number** _____

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You must indicate clearly if this person is your the 2nd, 3rd etc, donee and/or replacement donee.

★ COMPLETION TIP

If this sheet is used for your additional donee(s), please fill up item 1.11.

If this sheet is used for your additional replacement donee(s), please fill up item 1.12.

★ COMPLETION TIP

You must indicate your name and ID type and number in item 2 of this Continuation Sheet to identify this sheet as part of your LPA.

○ ○ ○ ○ ○ **i REMEMBER!**

Do remember to sign at the bottom of each LPA page where indicated.

PART C (Page 1 of 2) POWERS GRANTED TO THE DONEE(S)

PART C POWERS GRANTED TO THE DONEE(S)

In Part C, you can decide what powers you wish to give your donee(s) and whether there are any conditions and/or restrictions to be applied.

The powers may be for:

Personal welfare to deal with matters such as

- where you should live or who you should live with
- day-to-day care decisions etc.

Property & affairs to deal with matters such as

- your property
- your bank accounts, CPF accounts, insurances, etc.

★ COMPLETION TIP

If you have 2 or more donees, you must indicate in item 1.5 on whether they are to act jointly or jointly and severally. Jointly means the donees must act together. Jointly and severally means they may act together or separately. **If you do not, it will be taken that they are required to act jointly.**

If you have only 1 donee, item 1.5 should be left empty.

Part C Page 1 of 2

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Lasting Power of Attorney
OPG Form 1

Part C: Powers granted to the donee(s)

1 Personal Welfare

i The authority of the donee(s) to make decisions about the donor's personal welfare does not include the authority to give or refuse consent to the carrying out or continuation of a treatment by a person providing health care unless expressly stated. If you wish to confer on the donee(s) such authority, please indicate in Item 1.4 below.

1.1 The donee(s) shall have authority to make decisions and act for me in respect of **ALL** matters relating to my personal welfare of every description as fully and effectually as I could do if I had the mental capacity.
 Yes No

1.2 The authority of the donee(s) shall be subject to conditions and restrictions.
 Yes No

1.3 If Yes, the following conditions and/or restrictions shall apply:
 The donee shall not prohibit _____ (state name) from having contact with me,
 The donee shall not allow _____ (state name) to have contact with me.

1.4 The authority conferred on the donee

(a) includes the authority to give or refuse consent to the carrying out or continuation of a treatment by a person providing health care for me and the conduct of clinical trials.
 Yes No

(b) includes the authority to give or refuse consent to the carrying out or continuation of a treatment by a person providing health care for me but not the conduct of clinic trials.
 Yes No

(c) does not include the authority to give or refuse consent to the carrying out or continuation of a treatment by a person providing health care for me.
 Yes No

1.5 Where there are 2 or more donees, they shall act (please tick only one)
 jointly. jointly and severally.

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

If you tick "Yes" in item 1.1, you will give your donee(s) *very wide* powers to make personal welfare decisions for you. If you do not wish to grant your donee(s) personal welfare powers, you should tick "No" in item 1.1 and leave items 1.2 to 1.4 empty.

★ COMPLETION TIP

If you tick "Yes" in item 1.1 and do not wish to impose any conditions and/or restrictions on your donee(s), tick "No" in item 1.2 and leave item 1.3 empty.

★ COMPLETION TIP

Please read the information box at the top of the page. Item 1.4 allows you to decide on the authority to give to your donee(s) relating to the continuation of health care treatment and clinical trials. You should decide on the applicable statement by ticking "Yes" and "No" for the other two statements.

REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART C (Page 2 of 2) POWERS GRANTED TO THE DONEE(S)

PART C POWERS GRANTED TO THE DONEE(S)

For powers relating to property & affairs, your appointed donee(s) can make gifts from your property only if you authorise them so.

When making gifts, donee(s) must abide by the Principles of the Mental Capacity Act and the Code of Practice. They must ensure that:

- the value of the gifts are not unreasonable; and
- your property is to be preserved for the donor's maintenance during your life.

★ COMPLETION TIP

Please indicate in 2.4 if you wish to grant your donee(s) have the authority to make gifts.

★ COMPLETION TIP

If you have 2 or more donees, you must indicate in item 2.5 on whether are to act jointly or jointly and severally. Jointly means the donees must act together. **See page 10. If you do not, it will be taken that they are required to act jointly.**

If you have only 1 donee, item 2.5 should be left empty.

Part C Page 2 of 2

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Lasting Power of Attorney
OPG Form 1

Part C: Powers granted to the donee(s)

2 Property & affairs

2.1 The donee(s) shall have authority to make decisions and act for me in respect of **ALL** matters relating to my property & affairs of every description as fully and effectually as I could do if I had the mental capacity.
 Yes No

2.2 The authority of the donee(s) shall be subject to conditions and restrictions.
 Yes No

2.3 If Yes, the following conditions and/or restrictions shall apply:

The donee shall not sell, transfer, convey, mortgage or charge my residential property at _____ (state address) _____ without the approval of the court.

The donee shall not sell, transfer, convey, mortgage or charge my residential property at _____ (state address) _____ without the consent of _____ (state name).

i The donee's authority to make decisions about the donor's property & affairs does not include the authority to make gifts unless expressly stated. If you wish to confer on the donee(s) authority to make gifts, please tick Yes for Item 2.4.

2.4 The donee(s) shall have authority to make gifts.
 Yes No

2.5 Where there are 2 or more donees, they shall act (please tick only one)
 jointly. jointly and severally.

This is the end of Part C

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

If you tick "Yes" for item 2.1, you will give your donee(s) *very wide* powers to make property & affairs decisions for you. If you do not wish to grant your donee(s) property & affairs powers, you should tick "No" in item 2.1 and leave items 2.2 to 2.4 empty.

★ COMPLETION TIP

If you tick "Yes" in item 2.1 and do not wish to impose any conditions and/or restrictions on your donees, tick "No" in item 2.2 and leave item 2.3 empty.

★ COMPLETION TIP

You should state clearly the address of the property in question and where applicable, state the name of the person you want your donee to consult. As this LPA OPG Form 1 provides for only one property, you may wish to engage a lawyer to draft your LPA if you have more than 1 property.

REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART D (Page 1 of 2) DONOR'S STATEMENT

PART D DONOR'S STATEMENT

This Part contains the statement you have to make as part of the LPA-making process.

If you had enlisted the assistance of a translator to help you translate and explain the LPA to you in a language/dialect, please ensure that the details of the translator are captured in the "Statement by the translator" in Page 2 of Part D.

As your statement needs to be signed and sealed as a deed, **you must ensure you affix a red seal when you sign this Part.**

A witness to your signing of your statement is required and he/she must be the certificate issuer who signs Part E: LPA Certificate.

Part D Page 1 of 2

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Lasting Power of Attorney
OPG Form 1

Part D: Donor's statement

By signing below, I confirm all of the following:

- 1 **Statement of understanding**
I have read the Prescribed Information on the Covering Sheet of this lasting power of attorney or have had the Prescribed Information read to me by a translator.
- 2 **Appointment of donee(s)**
I appoint the person(s) named in Part B item 1 as my donee(s) with the authority to make the decisions mentioned in Part C when I cannot act for myself because I lack mental capacity to make those decisions, subject to the terms of this lasting power of attorney, and I appoint the person(s) named in Part B item 2 (if any) to replace the donee(s) in the event a donee's appointment is terminated.
- 3 **Statement of eligibility**
 - 3.1 I am aged 21 years or older.
 - 3.2 I am not an undischarged bankrupt (if I appoint the donee(s) in respect of my property & affairs).
- 4 **Person(s) to be notified**
(Please tick only one)
 - I have chosen the person(s) to be notified when an application to register this lasting power of attorney is made by me or the donee.
 - I do not want anyone to be notified when an application to register this lasting power of attorney is made.
- 5 **Revocation of existing lasting power of attorney**
I revoke any previous lasting power of attorney executed by me (if any), whether in respect of my personal welfare or property & affairs or both, with effect from the date that this instrument is registered by the Public Guardian and I confirm that I will be giving notice of revocation to the donee or donees accordingly.
- 6 **Additional specific powers of the donee**
Without prejudice to the generality of the powers of the donee to make decisions mentioned in Part C, I hereby declare that the authority conferred on the donee to make the decisions shall include the power to do all such acts and things as may be necessary or expedient to give effect to the decisions made, including the power to do the following (insofar as they are not inconsistent with the powers of the donee conferred in Part C):
 - (a) execute, sign, seal and deliver all notices, applications, agreements, deeds, instruments, documents and forms;
 - (b) demand, recover and receive all sums of money payable to me from time to time or at any time and to give receipts therefor;
 - (c) attend and vote at meetings and represent me in proceedings in any court or tribunal or any negotiation or mediation, engage any advocate and solicitor for any purpose in connection with this lasting power of attorney, including the commencement of legal proceedings in any court or tribunal, and accept service of process or documents; and
 - (d) obtain information (including confidential information) about me and/or my accounts from third parties. And this shall be my permission to third parties, including (without prejudice to the generality of the foregoing) Central Provident Fund Board, banks and health care institutions and workers, to release information about me and my accounts to the donee(s) or any third parties (as authorised by the donee(s)) in accordance with the authority conferred on the donee(s) to make decisions in respect of my personal welfare and/or property & affairs.

Signed and sealed by the donor as a deed and delivered


 Affix seal here

Signature of the donor
Signature of certificate issuer as witness
Date signed

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You should indicate in item 4 whether you have decided to choose anyone to be notified when an application to register the LPA is made. This should be consistent with item 2 in Part A.

★ COMPLETION TIP

You must only sign and seal this statement in the presence of a witness.

PART E LPA CERTIFICATE

Part E of the LPA must only be completed by a certificate issuer prescribed in the Mental Capacity Regulations. An authorised certificate issuer can be a:

- (a) Medical practitioner [General Practitioner (GP)] who is accredited by the Public Guardian;
- (b) Medical practitioner who is registered as specialist in psychiatry under the Medical Registration Act; or
- (c) Advocate and Solicitor of the Supreme Court who has in force a valid practising certificate under the Legal Profession Act.

The choice of the certificate issuer is yours and you may wish to visit the following resources to locate a suitable certificate issuer:

- (a) Office of the Public Guardian Website (<http://www.publicguardian.gov.sg>)
- (b) Singapore Medical Council Website – “Register of Medical Practitioners” (<http://www.smc.gov.sg>)
- (c) The Law Society of Singapore Website – “Find a Lawyer” (<http://www.lawsociety.org.sg>)

You have to ensure that the certificate issuer completes this Part after acting as your witness for your statement made in Part D.

PART E (Page 1 of 2) LPA CERTIFICATE

Part E Page 1 of 2

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Website: www.publicguardian.gov.sg

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Part E: LPA Certificate

i This Part E shall only be completed by a prescribed certificate issuer – that is, one of the persons described in item 2.3(b). Do not complete this Part E unless you are a prescribed certificate issuer.

1 Particulars of the certificate issuer

1.1 Name _____

1.2 MCR/NRIC number _____

1.3 Name of Clinic/Office _____

1.4 Clinic/Office address _____

1.5 Clinic/Office tel number _____ 1.6 Fax number _____

2 Statement of the certificate issuer

By signing this certificate, I confirm all of the following:

2.1 Statement of understanding

- (a) I have read the Prescribed Information on the Covering Sheet of this lasting power of attorney.
- (b) I understand my role and responsibilities as a certificate issuer.

2.2 Statement of independence

- (a) I confirm that I am acting independently of the donor who is making this lasting power of attorney and the donee(s) and replacement donee(s) appointed under the lasting power of attorney.
- (b) I am not
 - (i) a donee or replacement donee named in this lasting power of attorney or any other lasting power of attorney made by the donor (whether revoked or not);
 - (ii) a family member of the donor or such a donee or replacement donee;
 - (iii) a director or employee of a donee or replacement donee who is a licensed trust company;
 - (iv) a business partner or employee of the donor or such a donee or replacement donee; and
 - (v) the owner, director, manager or employee of a care facility where the donor lives or is cared for (where applicable) or a family member of such person.

Continues on the next page →

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

You must ensure that your certificate issuer fills up all the required fields.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART E (Page 2 of 2) LPA CERTIFICATE

Part E Page 2 of 2

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Part E: LPA Certificate

2.3 Statement of qualification to be a certificate issuer

(a) I am aged 21 or older.

(b) I am a (please tick only one)

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

2.4 Things the certificate issuer certifies

I certify that, in my opinion, at the time of the signing of this lasting power of attorney:

(a) the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it;

(b) no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney; and

(c) there is nothing else that would prevent this lasting power of attorney from being created.

This is the end of Part E

Signature of the donor Office of the Public Guardian stamp will be affixed when this instrument is registered.

COMPLETION TIP

You should ensure that your certificate issuer indicate his/her profession in item 2.3(b).

COMPLETION TIP

Your certificate issuer must sign and affix an office stamp beside his/her signature.

REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART F (Page 1 of 2) STATEMENT BY DONEE OR REPLACEMENT DONEE

PART F STATEMENT BY DONEE OR REPLACEMENT DONEE

This Part contains the statement your donee(s) and/or replacement donee(s) have to **each** make. You may print additional sheets of Part F from the softcopy or make photocopies of this sheet for use.

If they had enlisted the assistance of a translator to help translate and explain the LPA to them in a language/ dialect before they sign the statement, please ensure that the details of the translator are captured in the "Statement by the translator" in Page 2 of this Part.

Your donee(s) statement needs to be signed and sealed as a deed. **You must ensure that they affix a red seal beside their signature.**

A witness to the signing of the statement(s) is required. You are not allowed to be the witness. However, any other person, including the translator, can be the witness.

Part F Page 1 of 2

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Part F: Statement by donee or replacement donee

i Each donee and replacement donee must complete and sign a separate copy of Part F.

By signing below, I confirm all of the following:

- 1 Statement of eligibility**
 - 1.1 I am aged 21 years or older.
 - 1.2 I am not an undischarged bankrupt (where I am a property & affairs donee).
- 2 Statement of understanding**
 - 2.1 I have read the Prescribed Information on the Covering Sheet of this lasting power of attorney or have had the Prescribed Information read to me by a translator.
 - 2.2 I understand my role and responsibilities under this lasting power of attorney, in particular:
 - (a) I have a duty to act in accordance with the principles of the Mental Capacity Act 2008 and to have regard to the Mental Capacity Act Code of Practice.
 - (b) I can make decisions and act under this lasting power of attorney only
 - (i) when it has been registered with the Office of the Public Guardian;
 - (ii) when a particular decision has to be made which I am authorised under it to make and the donor cannot make the decision because he or she lacks mental capacity, and
 - (iii) if at that time I am still eligible to act as a donee of this lasting power of attorney.
 - (c) I must make decisions and act in the best interests of the donor.
 - 2.3 I shall notify the Public Guardian of the occurrence of any of the following events which terminates my appointment or power:
 - (a) my bankruptcy (where I am a property & affairs donee); and
 - (b) the dissolution or annulment of a marriage between the donor and I (if I am the donor's spouse).
- 2A Statement of understanding (applicable to replacement donee only)**
I will replace an original donee that I am appointed to replace if the appointment of the original donee is terminated and I am still eligible to act as a donee.
- 3 Consent to be donee**
I consent to be appointed as a (please tick as appropriate)
 donee, replacement donee.

Signed and sealed by the donee/replacement donee as a deed and delivered

Affix
seal
here

Signature of the donee/replacement donee*
(* to delete as appropriate)

Name of the donee/replacement donee*
(* to delete as appropriate)

Signature of witness

Date signed

Continues on the next page →

Signature of the donor

Office of the Public Guardian stamp will be affixed when this instrument is registered.

★ COMPLETION TIP

Your donee(s) must indicate clearly in item 3 whether he/she consents to be appointed as either the donee or the replacement donee as indicated in Part B.

★ COMPLETION TIP

Your donee(s) must only sign and seal this statement in the presence of a witness.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated.

PART F (Page 2 of 2)

STATEMENT BY DONEE OR REPLACEMENT DONEE

Part F Page 2 of 2

OFFICE OF THE
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Part F: Statement by donee or replacement donee

(a) The donor must not be the witness of the donee.
(b) Where the donee cannot read or understand English, the contents of the lasting power of attorney must be read and translated to the donee. The translator must complete and sign below.

Particulars of witness

Name _____

ID type NRIC Foreign Passport ID number _____

Address _____

Statement by the translator if the donor cannot read or understand English (where applicable)
(Please tick only one)

I, the undersigned, am able to and have read and translated the contents of this lasting power of attorney to the donee in _____
in the presence of the witness. (specific language/dialect)

I, the undersigned, am able to and have read and translated the contents of this lasting power of attorney to the donor in _____
I am the witness to the donee's signature. (specific language/dialect)

Signature of translator _____

Date signed _____

Name of translator _____

ID type NRIC Foreign Passport ID number _____

Address _____

This is the end of Part F

Signature of the donor _____

Office of the Public Guardian stamp will be
affixed when this instrument is registered.

★ COMPLETION TIP

Please ensure that the particulars of the witness for the donee(s) is completely filled up.

★ COMPLETION TIP

You must ensure that your donee(s)'s translator ticks the correct statement, signs under it and fills up his/her particulars in this section.

i REMEMBER!

Do remember to sign at the bottom of each LPA page where indicated and fill up the number of pages in the Covering Sheet.

FREQUENTLY ASKED QUESTIONS (FAQ)

Q: Is the making of an LPA voluntary?

A: Yes, the making of an LPA is voluntary and a personal choice.

Q: When can I make an LPA?

A: You can make an LPA anytime as long as you are at least 21 years of age, possess mental capacity and if you wish to make an LPA for property & affairs, not an undischarged bankrupt.

Q: Should I only appoint family members to act as my donees?

A: Although appointing family member who understands your needs and preferences is usually a first choice, you can also consider appointing anyone you trust and who is reliable and competent to make decisions for you as your donee.

Q: What will happen if my LPA is incomplete, e.g. items not filled in properly?

A: If you come forward to register the incomplete LPA with the Office of the Public Guardian, the Office will not accept your LPA for registration.

Q: Can I appoint the same person as both my personal welfare and property & affairs donee?

A: Yes. You can do so by indicating the appropriate powers granted to your donee(s) in Part B of the LPA.

Q: Will making an LPA affect my Advance Medical Directive which I had made earlier?

A: No.

Q: Can I cancel my registered LPA?

A: Yes. As long as you still have the mental capacity to decide on the cancellation, you can do so. Do note that an administrative fee will be levied to process the cancellation.

Q: Can I add another donee or change my donee in my registered LPA?

A: No. If you wish to add/change your donee(s), you have to cancel the existing LPA and make a fresh LPA reflecting the change and have it registered with the Office of the Public Guardian.

Q: What happens to the powers granted to my donee(s) when I pass away?

A: In the event of your passing, your LPA will cease and the powers granted to your donee(s) will come to an end.

CHECKLIST TO MAKING AN APPLICATION TO REGISTER AN LPA

After you have prepared the LPA based on this guide, your donee(s) or yourself can make an application to register the LPA. In doing so, the applicant(s) will need to carry out actions listed in the checklist below:

S/No	Actions	Completed?
1	Obtain/Download the form "Application to Register an Instrument as a Lasting Power of Attorney" from the Office of the Public Guardian (http://www.publicguardian.gov.sg)	<input type="checkbox"/>
2	Complete the application form	<input type="checkbox"/>
3	Prior to making the application to register, send out notification(s) to the person(s) to be notified, if any. The notification form can be obtained from the Office of the Public Guardian or their website (http://www.publicguardian.gov.sg)	<input type="checkbox"/>
4	Before submitting the application to the Office of the Public Guardian, the applicant should: <ul style="list-style-type: none"> (a) Find out the registration fee required (payment by NETS, Cashcard, Credit Card is preferred) (b) Obtain the original identity card/document of the donor (where the applicant is the donee(s)) (c) Make copies of the donee(s) and/or replacement donee(s) identity card(s)/document(s) (d) Ensure the application form and all the Parts in the LPA are properly completed 	<input type="checkbox"/>



i REMEMBER!

You have to register the LPA you had prepared with the Office of the Public within 6 months from the date of making it, i.e. date of signing the Donor's Statement (Part D). Any instrument made more than 6 months before the application will be rejected by the Office of the Public Guardian.

The Office of the Public Guardian can be located at the following address:

**Office of the Public Guardian
Ministry of Community
Development, Youth and Sports
510 Thomson Road
SLF Building #16-01
Singapore 298135**

**Operating Hours: 8:30am – 5.30pm
(Weekdays, excluding
Public Holidays)**

OFFICE OF THE PUBLIC GUARDIAN

Ministry of Community Development, Youth and Sports
510 Thomson Road, #16-01, SLF Building, Singapore 298135
Tel: 1800 226 6222 Fax: (65) 6258 3512
Email: enquiry@publicguardian.gov.sg
Visit our website @ www.publicguardian.gov.sg

ISBN: 978-981-08-5166-8

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