

4.

Title

Full name

Address

Postcode

Telephone number

Email address

5.

Title

Full name

Address

Postcode

Telephone number

Email address

Name

Date DD / MM / YYYY

Declaration

I confirm that I understand that the information requested in this form is required for the purpose of preparing my Lasting Powers of Attorney and to ensure my Lasting Powers of Attorney correctly reflect my wishes. I confirm that I am 18 years of age or over and am of sound mind. That the information given on this form is complete and correct as far as I am aware at this time and is to be used as the basis of the preparation of my Lasting Powers of Attorney.

I confirm that I intend to give my attorney(s) authority to make decisions on my behalf, including in circumstances when I lack capacity subject to any restrictions I have made.

I have read the information 'You Must Read' or have had it read to me. My attorney(s) was/were not present whilst this Lasting Powers of Attorney was discussed.

I have had MCA 2005 Section 1 'The Key Principles' and Section 4 'Best Interests' explained to me and am aware that this information is available in full to me at www.publicguardian.gov.uk or by writing to the Office of the Public Guardian, Archway Tower, 2 Junction Road, London N19 5SZ or by telephoning 0845 330 2900 and requesting it.

I have chosen _____ to act as my Certificate Provider.

I confirm that my decision to proceed was taken without undue influence.

Signature

Date DD / MM / YYYY

**Will Drafting Services
Hill House
189 Boughton Green Road
Kingsthorpe
Northampton
NN2 7AF**

*This address is designed
to be visible in an A4
window envelope*



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*Will
Drafting
Services*

*Confidential Questionnaire
Lasting Powers of Attorney*



Name:

Date of instruction:

Property and Affairs		Health and Welfare		Both	
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Do you wish us to arrange registration?	Yes	No
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Your full name

Your title

Any other names you are known by or have been known by in the past (e.g. maiden name)

Address

Postcode Date of birth DD / MM / YYYY

Telephone number Mobile

Email

Chosen attorney (1)

Title

Full name of attorney Date of birth DD / MM / YYYY

Address of attorney

Postcode Telephone number

Chosen attorney (2)

Title

Full name of attorney Date of birth DD / MM / YYYY

Address of attorney

Postcode Telephone number

Chosen attorney (3)

Title

Full name of attorney Date of birth DD / MM / YYYY

Address of attorney

Postcode Telephone number

Chosen attorney (4)

Title

Full name of attorney Date of birth DD / MM / YYYY

Address of attorney

Postcode Telephone number

Note: Maximum of four attorneys

Do you wish to appoint a Trust Company as an attorney?	Yes		No	
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If 'Yes' please provide the company name and address:

Attorneys may act:	Together		
(Please tick one option)	Together and independently		
	Together in some matters and together and independently in others		

Details of Option 3 for clarification:

(Optional)

Replacement attorney (1)

Title

Full name of attorney	Date of birth	DD / MM / YYYY
-----------------------	---------------	----------------

Address of attorney

Postcode	Telephone number
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Replacement attorney (2)

Title

Full name of attorney	Date of birth	DD / MM / YYYY
-----------------------	---------------	----------------

Address of attorney

Postcode	Telephone number
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Note: Maximum of two replacement attorneys

Are there any restrictions you wish to impose on any attorney appointed? These will be legally binding (optional)	Yes		No	
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Do you wish this Lasting Power of Attorney to only be used when you lack capacity?	Yes		No	
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Please confirm anything you want the attorney(s) to do to confirm that you lack capacity to make the decision or any other restrictions you wish to make that must be followed by the attorney(s). **(optional)**

Please confirm any guidance you wish your attorney(s) to consider.

(Optional)

This will not be legally binding

Have you agreed to pay any fees to your chosen attorney(s)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have any additional guidance regarding fees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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The following are people you wish to be told when an application to register your Lasting Power of Attorney is made. Up to five can be listed. Minimum required is one. People to be told cannot be attorneys or replacement attorneys.

1.

Title

Full name

Address

Postcode

Telephone number

Email address

2.

Title

Full name

Address

Postcode

Telephone number

Email address

3.

Title

Full name

Address

Postcode

Telephone number

Email address