

Part Four - Attorney Three cont'd

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode: DX No. (solicitors only):

DX Exchange (solicitors only):

Attorney Date of Birth: Daytime Tel No.:

D D M M Y Y Y Y (STD Code):

Email Address:

Occupation:

Relationship to donor:

Civil Partner / Spouse	Child	Other Relation	No Relation	Solicitor	Other Professional	If 'Other Relation' or 'Other Professional', specify relationship: <input type="text"/>
<input type="checkbox"/>						

Place a cross against one option

If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form).

Part Five - The Enduring Power of Attorney

I (We) the attorney(s) apply to register the Enduring Power of Attorney made by the donor under the Enduring Powers of Attorney Act 1985, the original, or if the original is lost or destroyed, a certified copy of which accompanies this application.

I (We) have reason to believe that the donor is or is becoming mentally incapable.

Date that the **Donor** signed the Enduring Power of Attorney.

You can find this in Part B of the Enduring Power of Attorney.

D D M M Y Y Y Y

To your knowledge, has the Donor made any other Enduring Powers of Attorney?:

Yes No

Place a cross against one option

If 'Yes', please give details below including registration date if applicable:

.....

.....

Part Six - Notice of Application to Donor

Notice must be given personally to the donor. It should be made clear if someone other than the attorney(s) gives the notice. The date on which the notice was given MUST be completed.

I (We) have given notice of the application to register in the prescribed form (EP1PG) to the donor personally,

on this date:

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D D M M Y Y Y Y

If someone other than the attorney gives notice to the donor please complete the name and address details below. Please also complete the date above:

Full Name:

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Address 1:

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Address 2:

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Address 3:

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Town/City:

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County:

	Postcode:
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Part Seven - Notice of Application to Relatives

Please complete details of all relatives entitled to notice.

Please place a cross in the box if no relatives are entitled to notice:

I (We) have given notice to register in the prescribed form (EP1PG) to the following relatives of the donor:

Full Name:

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Relationship to Donor:

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Address:

Date notice given:

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D D M M Y Y Y Y

Full Name:

--

Relationship to Donor:

--

Address:

Date notice given:

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

D D M M Y Y Y Y

Full Name:

--

Relationship to Donor:

--

Address:

Date notice given:

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

D D M M Y Y Y Y

Full Name:

--

Relationship to Donor:

--

Address:

Date notice given:

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

D D M M Y Y Y Y

Full Name:

--

Relationship to Donor:

--

Address:

Date notice given:

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D D M M Y Y Y Y

If there are additional relatives please complete the Relative Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Part Eight - Notice of Application to Co-Attorney(s)

Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Are all the attorneys applying to register? Yes No Place a cross against one option

If no, I (We) have given notice to my (our) co-attorney(s) as follows:

Full Name: Relationship to Donor:

Address:
.....

Date notice given:

D D M M Y Y Y Y

Full Name: Relationship to Donor:

Address:
.....

Date notice given:

D D M M Y Y Y Y

Part Nine - Fees

Guidelines on remission and postponement of fees can be obtained from the Office of the Public Guardian.

Have you enclosed a cheque for the registration fee for this application? Yes No Place a cross against one option

Do you wish to apply for postponement, exemption or remission of the fee? Yes No Place a cross against one option

If yes, please complete the application for exemption or remission form.

Part Ten - Declaration

Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.

I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Mental Capacity Act 2005.

Signed:

Dated:
D D M M Y Y Y Y

Signed:

Dated:
D D M M Y Y Y Y

Signed:

Dated:
D D M M Y Y Y Y

