



Objection by the donor to the registration of a lasting power of attorney(s)

If you (the donor) **do not want** your lasting power of attorney(s) (LPA) to be registered, then you need to complete and sign this form and return it to the Office of the Public Guardian (OPG).

You can use this form to object to registration of up to two LPAs; please provide below the case number and LPA type for **each** LPA you want to object to.

Donor details

Title First names

Last name

Address

Postcode

Date of birth

Day

Month

Year

LPA details

LPA case no (if known)

What type of LPA is it?

Property and financial affairs

Health and welfare

LPA case no (if known)

What type of LPA is it?

Property and financial affairs

Health and welfare

The reason(s) for your objection to registration of your LPA(s)

Note: OPG will suspend your LPA(s) when we receive this form. Your attorney(s) will then not be able to use the LPA(s), unless they apply to the Court of Protection and the court orders the LPA(s) to be registered.

Full name and address of attorney(s) (if known)

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

If there are more than four attorneys, list them on the continuation sheet included with this form.

Please sign to confirm your objection

Signed

Date signed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day Month Year

Send your completed form to:
Office of the Public Guardian
PO Box 16185
Birmingham B2 2WH

This form is also available in Welsh. Email customerservices@publicguardian.gov.uk

Continuation sheet for additional attorneys

Only send in this page with your form if you have used it.

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>