

LASTING POWER OF ATTORNEY
Property and Affairs
QUESTIONNAIRE

Your Full Name :
Date of Birth :

ATTORNEY 1

Full Name :
Address :
Telephone number :
Email address :
Relationship to you :
Date of Birth :
Occupation :

ATTORNEY 2 optional

Full Name :
Address :
Telephone number :
Email address :
Relationship to you :
Date of Birth :
Occupation :

(a) Your Attorneys are to act : Jointly OR
Jointly & Severally OR
Combination
(b) My professional Attorney
may charge for their time : YES/NO

REPLACEMENT ATTORNEY(S)

Full Name(s) :

Address(es) :
Telephone number :
Email address :
Relationship to you :
Date of Birth :

REGISTRATION

Do you want to register : NOW / LATER

Please provide £120 payable to "The Office of the Public Guardian"

WHO IS TO BE NOTIFIED OF REGISTRATION?

(no less than 1 any more than 5)

| | Name | Address |
|-----------|-------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

WHO IS TO BE YOUR CERTIFICATE PROVIDER?

| | Name | Address |
|-----------|-------------|----------------|
| 1. | | |
| 2. | [if needed] | |

I WANT THE FOLLOWING RESTRICTIONS ACCOUNTED FOR

1. [if any]
2.

I WANT MY ATTORNEYS TO BE AWARE OF THE FOLLOWING

1.

SIGNED

DATED **2009**

Ward Gethin Solicitors

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