

---

---

First published in the *Government Gazette*, Electronic Edition, on 7th August 2014 at 5.00 pm.

**No. S 524**

MENTAL CAPACITY ACT  
(CHAPTER 177A)

MENTAL CAPACITY  
(AMENDMENT) REGULATIONS 2014

In exercise of the powers conferred by section 46 of the Mental Capacity Act, the Minister for Social and Family Development hereby makes the following Regulations:

**Citation and commencement**

1. These Regulations may be cited as the Mental Capacity (Amendment) Regulations 2014 and shall come into operation on 1 September 2014.

**Amendment of regulation 2**

2. Regulation 2 of the Mental Capacity Regulations 2010 (G.N. No. S 105/2010) (referred to in these Regulations as the principal Regulations) is amended —

(a) by inserting, immediately after the definition of “care facility”, the following definition:

“ “certified copy” means a document certified by the Public Guardian under paragraph 15 of the First Schedule to the Act as a copy of an instrument intended to create a lasting power of attorney and registered under that Schedule;”;

(b) by deleting the definition of “named person”; and

(c) by inserting, immediately after the definition of “prescribed information”, the following definition:

“ “Public Guardian’s website” means the Internet website of the Public Guardian at <http://www.publicguardian.gov.sg>;”.

---

---

**Amendment of regulation 3**

3. Regulation 3 of the principal Regulations is amended by deleting the words “the First to Sixth Schedules” and substituting the words “the Schedule or at the Public Guardian’s website”.

**Amendment of regulation 4**

4. Regulation 4(1) of the principal Regulations is amended by deleting the word “First”.

**Deletion of regulation 6**

5. Regulation 6 of the principal Regulations is deleted.

**Amendment of regulation 8**

6. Regulation 8 of the principal Regulations is amended —

- (a) by deleting the words “Parts A, B, C and D” in paragraph (3)(a) and substituting the words “Parts 1, 2 and 3”;
- (b) by deleting the words “Part D” in paragraph (3)(b) and substituting the words “Part 1B”;
- (c) by deleting the words “Part E” in paragraph (4) and substituting the words “Part 4”;
- (d) by deleting the words “Part F” in paragraph (6)(a) and (b) and substituting in each case the words “Part 2”;
- (e) by deleting paragraph (7) and substituting the following paragraphs:

“(7) Where a translator has assisted the donor in the execution of the instrument, the translator must —

- (a) sign Part 1B of the instrument; and
- (b) give his full name and the number of the identity card issued to him under the National Registration Act (Cap. 201) if any, or the number of his passport or other official identification document.

(7A) Where a translator has assisted the donee in the execution of the instrument, the translator must witness the donee’s signature.

(7B) After the steps required by paragraphs (2) to (7A) have been taken, the donor must sign at the end of each page of the instrument.”; and

(f) by deleting the words “and address,” in paragraph (9)(b).

### **Deletion of regulation 9**

7. Regulation 9 of the principal Regulations is deleted.

### **Amendment of regulation 10**

8. Regulation 10 of the principal Regulations is amended —

(a) by deleting paragraph (1) and substituting the following paragraph:

“(1) The form which must be used for making an application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney is that which is set out at the Public Guardian’s website.”; and

(b) by deleting the word “made” in paragraph (2) and substituting the words “received by the Public Guardian”.

### **Deletion and substitution of regulation 12**

9. Regulation 12 of the principal Regulations is deleted and the following regulation substituted therefor:

#### **“Notice of receipt of application for registration**

**12.—**(1) The form of notice which the Public Guardian must give to the donee (or donees) when the Public Guardian receives an application from a donor for the registration of a lasting power of attorney is that which is set out at the Public Guardian’s website.

(2) The form of notice which the Public Guardian must give to the donor when the Public Guardian receives an application from a donee (or donees) for the registration of a lasting power of attorney is that which is set out at the Public Guardian’s website.”.

### **Amendment of regulation 13**

10. Regulation 13 of the principal Regulations is amended —

(a) by deleting the words “or a named person” in paragraphs (1) and (2);

(b) by deleting the words “paragraph 5, 6 or 7” in paragraph (2)(a) and substituting the words “paragraph 6 or 7(2)”; and

---

---

(c) by deleting the words “or named person” in the regulation heading.

### **Amendment of regulation 15**

**11.** Regulation 15(3) of the principal Regulations is amended by deleting the words “paragraph 5, 6 or 7” in sub-paragraph (a) and substituting the words “paragraph 6 or 7”.

### **Amendment of regulation 16**

**12.** Regulation 16 of the principal Regulations is amended by deleting the words “or named person” in paragraph (c).

### **Amendment of regulation 17**

**13.** Regulation 17 of the principal Regulations is amended by deleting paragraph (2) and substituting the following paragraph:

“(2) The form of notice which the Public Guardian must give to the donor and donee (or donees) when the Public Guardian registers an instrument as a lasting power of attorney is that which is set out at the Public Guardian’s website.”.

### **Amendment of regulation 18**

**14.** Regulation 18 of the principal Regulations is amended by deleting paragraph (2) and substituting the following paragraph:

“(2) The Public Guardian must give a notice to the donor and the donee (or, if more than one donee, each of the donees) requiring them to deliver to the Public Guardian —

- (a) the original of the instrument that was sent to the Public Guardian for registration;
- (b) any office copy of that registered instrument; and
- (c) any certified copy of that registered instrument.”.

### **Amendment of regulation 19**

**15.** Regulation 19 of the principal Regulations is amended by deleting the words “deliver up” in paragraphs (1)(a) and (2) and substituting in each case the word “deliver”.

**Amendment of regulation 20**

**16.** Regulation 20 of the principal Regulations is amended by deleting paragraph (1) and substituting the following paragraph:

“(1) The form which a donee (including a replacement donee) of an instrument registered as a lasting power of attorney must use to disclaim his appointment as donee is that which is set out at the Public Guardian’s website.”.

**Deletion and substitution of regulation 27**

**17.** Regulation 27 of the principal Regulations is deleted and the following regulation substituted therefor:

**“Application for certified copy of instrument registered under Act as lasting power of attorney by donor or donee**

**27.** A person may, on application to the Public Guardian and on payment of the prescribed fee, obtain a certified copy of an instrument registered under the Act as a lasting power of attorney of which the person is the donor or a donee.”.

**Deletion of First to Sixth Schedules and substitution of Schedule**

**18.** The First to Sixth Schedules to the principal Regulations are deleted and the following Schedule substituted therefor:

## “THE SCHEDULE

Regulation 4

## FORM 1

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 1 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**PRESCRIBED INFORMATION**

*Important  
Information  
You Must  
Read*

**Purpose of the lasting power of attorney**

1. A lasting power of attorney is a legal document that gives authority to the person you appoint (called your “donee”) to make decisions and act for you when you lack mental capacity. You may authorise your donee(s) to make decisions about your
  - personal welfare (which may include health care) and/or
  - property and affairs (including financial matters).
2. This is the lasting power of attorney (LPA) Form 1. It gives your donee very wide powers. Your donee may act as fully as you can, subject to basic restrictions set out in the lasting power of attorney and the Mental Capacity Act (Cap. 177A) (“the Act”). If you do not want to give such wide powers and want to give restricted or specific powers instead, you should use LPA Form 2 (which has to be drafted by a lawyer).

**This document must be registered**

3. This document must be registered with the Office of the Public Guardian (OPG). The application to register must be made in the prescribed form within 6 months from the date you (the person giving the power) sign this document.

**When your donee can act for you**

4. Your donee can use the lasting power of attorney only after it has been registered and only where you lack mental capacity or your donee reasonably believes you lack such capacity.

**What your donee can and cannot do**

5. Your donee’s authority is governed by the terms of this document and the provisions of the Act.
6. Your donee must follow the principles of the Act, which include the principle that your donee must act in your best interests.
7. Your donee cannot make certain decisions as provided in the Act, such as make a will on your behalf.
8. Guidance about the Act is found in the Mental Capacity Act Code of Practice, which is available from the OPG or at [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg). Your donee must have regard to the Code of Practice.

**Revoking (terminating) the lasting power of attorney**

9. You can revoke your lasting power of attorney at any time as long as you have mental capacity to do so. You must inform your donee in writing so he/she will know you have terminated his/her authority. You must also inform the Public Guardian in writing for the registration of the lasting power of attorney to be cancelled.

**FOR OFFICIAL USE**

|                      |                     |                 |
|----------------------|---------------------|-----------------|
| LPA Reference Number | Registration Number | Date Registered |
|                      |                     |                 |

**Signature of Donor**

Sign Here

Page 1 of 8

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 1 (2014)**

Hotline: 1800-226-6222  
Website: www.publicguardian.gov.sg

**PART 1****DONOR'S PARTICULARS AND STATEMENT**

**PART 1A**  
*Particulars  
of Donor*

Full name as in ID

-----

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

-----

Country of issue

Date of birth (dd/mm/yyyy)

-----

**PART 1B**  
*Statement  
by Donor*

1. I have read the Prescribed Information or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) mentioned in Part 2 as donee(s) and/or replacement donee with authority to make the decisions and act for me as mentioned in Part 3 of this document in circumstances where I lack mental capacity or where my donee reasonably believes I lack mental capacity.
3. I intend that my replacement donee (if applicable) shall replace my donee according to the terms of this lasting power of attorney when any of the events mentioned in section 15(5) of the Act, which terminates the appointment of that donee, occurs.
4. I am 21 years or older and am not an undischarged bankrupt (where my donee has authority to make property and affairs decisions).
5. I revoke any previous lasting power of attorney executed by me (if any), whether in respect of my personal welfare or property and affairs or both, with effect from the date that this instrument is registered by the Public Guardian, and I will inform the donee or donees in writing about the revocation accordingly.

**Signed and sealed by the donor as a deed and delivered**

Signature of the donor

-----

Signature of certificate issuer as witness

Date signed

Affix  
seal  
here

**Particulars of translator who read and translated the contents of this instrument to the donor**

Name of translator

-----

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

-----

Signature of translator

Date signed

-----

Please tick box if translator  
is certificate issuer

Language/dialect translated in

-----

**FOR OFFICIAL USE**

LPA Reference Number

-----

**Signature of Donor**

Sign Here

Page 2 of 8

THE SCHEDULE — *continued*

|  |  |   |
|--|--|---|
| <p style="font-size: small; margin: 0;">OFFICE OF THE</p> <p style="font-size: large; font-weight: bold; margin: 0;">PUBLIC<br/>GUARDIAN</p> | <p style="font-size: large; font-weight: bold; margin: 0;">LASTING POWER OF ATTORNEY<br/>FORM 1 (2014)</p> | <p style="font-size: x-small; margin: 0;">Hotline: 1800-226-6222<br/>Website: www.publicguardian.gov.sg</p> |
|--|--|---|

**PART 2** **DONEE'S AND REPLACEMENT DONEE'S STATEMENT AND PARTICULARS**

**PART 2A**  
*Statement  
by Donee*

1. I have read the Prescribed Information or it has been read to me.
2. I understand the duties imposed on a donee of a lasting power of attorney under sections 3 (the principles) and 6 (best interests) of the Act.
3. I must have regard to the Mental Capacity Act Code of Practice.
4. I shall inform the Public Guardian if any of the following events, which terminates my appointment or power, occurs:
  - (a) I disclaim my appointment as donee;
  - (b) I am made a bankrupt (where I have authority to make property and affairs decisions);
  - (c) My marriage to the donor is dissolved or annulled (if I am the donor's spouse).
5. 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 (applicable to replacement donee only).
6. By signing, I consent to be appointed as a donee/replacement donee (where applicable).

**PART 2B**  
*Particulars  
of \*Only / 1<sup>st</sup>  
Donee*  
(\*Delete as  
appropriate)

Full name as in ID \_\_\_\_\_

-----

|  |                            |
|--|----------------------------|
| ID type  | ID number                  |
| <i>*NRIC / Passport (*Delete as appropriate)</i> |                            |
| Country of issue                                 | Date of birth (dd/mm/yyyy) |

-----

Authorised to make decisions about (please tick one box only)

personal welfare only

property and affairs only

both personal welfare and property and affairs

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here Page 3 of 8

THE SCHEDULE — *continued*

|  |  |   |
|--|--|---|
| <p style="font-size: small; margin: 0;">OFFICE OF THE<br/><b>PUBLIC<br/>GUARDIAN</b></p> | <p style="font-size: large; margin: 0;"><b>LASTING POWER OF ATTORNEY<br/>FORM 1 (2014)</b></p> | <p style="font-size: x-small; margin: 0;">Hotline: 1800-226-6222<br/>Website: www.publicguardian.gov.sg</p> |
|--|--|---|

**Signed and sealed by the donee as a deed and delivered**

|                        |  |  |
|------------------------|--|--|
| Signature of the donee | (I have read the Prescribed Information on page 1 and agree with paragraphs 2 to 6 of Part 2A on page 3 of this instrument.) |  |
| -----                  | -----  |  |
| Signature of witness   | Date signed  |  |
| -----                  | -----  |  |

**Particulars of witness**

Name of witness

-----

|  |                                |
|--|--------------------------------|
| ID type  | ID number                      |
| <i>*NRIC / Passport (*Delete as appropriate)</i>   | -----                          |
| <input type="checkbox"/> Please tick box if translation of the contents of this instrument was given by the witness. | Language/dialect translated in |
|  | -----                          |

**PART 2C**  
*Particulars of  
2<sup>nd</sup> Donee*

*(Optional. To strike out this portion if not applicable.)*

|   |                            |
|---|----------------------------|
| Full name as in ID  | -----                      |
| ID type   | ID number                  |
| <i>*NRIC / Passport (*Delete as appropriate)</i>                        | -----                      |
| Country of issue  | Date of birth (dd/mm/yyyy) |
| -----   | -----                      |
| Authorised to make decisions about (please tick one box only)           |                            |
| <input type="checkbox"/> personal welfare only                          |                            |
| <input type="checkbox"/> property and affairs only                      |                            |
| <input type="checkbox"/> both personal welfare and property and affairs |                            |

**Signed and sealed by the donee as a deed and delivered**

|                        |  |  |
|------------------------|--|--|
| Signature of the donee | (I have read the Prescribed Information on page 1 and agree with paragraphs 2 to 6 of Part 2A on page 3 of this instrument.) |  |
| -----                  | -----  |  |
| Signature of witness   | Date signed  |  |
| -----                  | -----  |  |

**Particulars of witness**

Name of witness

-----

|  |                                |
|--|--------------------------------|
| ID type  | ID number                      |
| <i>*NRIC / Passport (*Delete as appropriate)</i>   | -----                          |
| <input type="checkbox"/> Please tick box if translation of the contents of this instrument was given by the witness. | Language/dialect translated in |
|  | -----                          |

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here Page 4 of 8

THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY FORM 1 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 2D**

*Particulars of Replacement Donee*

*(Optional. To strike out this portion if not applicable.)*

Full name as in ID

-----  
ID type ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Country of issue Date of birth (dd/mm/yyyy)

-----

Replacement donee is to replace (please tick one box only)

- any donee that needs replacing
- any personal welfare donee that needs replacing
- any property and affairs donee that needs replacing
- this named donee: -----

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

Signature of the replacement donee

*(I have read the Prescribed Information on page 1 and agree with paragraphs 2 to 6 of Part 2A on page 3 of this instrument.)*



-----  
Signature of witness Date signed

-----

**Particulars of witness**

Name of witness

-----

ID type ID number

*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents of this instrument was given by the witness. Language/dialect translated in

-----

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here Page 5 of 8

-----

THE SCHEDULE — *continued*

|   |  |  |
|---|--|--|
| OFFICE OF THE<br><b>PUBLIC<br/>GUARDIAN</b> | <b>LASTING POWER OF ATTORNEY<br/>FORM 1 (2014)</b> | Hotline: 1800-226-6222<br>Website: www.publicguardian.gov.sg |
|---|--|--|

**PART 3**

**POWERS GRANTED TO THE DONEE**

*(The term "donee" includes all donees (if more than one is appointed for that particular power) and a replacement donee.)*

**PART 3A**

*Personal Welfare*

My donee shall have the authority to make decisions in all matters relating to my personal welfare, where I (the donor) no longer have the mental capacity to make such decisions:

Yes  No (please tick one box only)

If 'Yes' then:

- a. My donee's authority shall be subject to the terms of this lasting power of attorney and the provisions of the Act.
- b. My donee's authority shall extend to giving or refusing consent to the carrying out or continuation of treatment, including the conduct of a clinical trial, by a person providing health care for me:

Yes  No (please tick one box only)

- c. Where there is more than 1 donee, they shall act (please tick one box only):

- Jointly
- Jointly and severally

**PART 3B**

*Property and Affairs*

My donee shall have the authority to make decisions in all matters relating to my property and affairs, where I (the donor) no longer have the mental capacity to make such decisions:

Yes  No (please tick one box only)

If 'Yes' then:

- a. My donee's authority shall be subject to the terms of this lasting power of attorney and the provisions of the Act.
- b. The following restrictions apply (please tick box below if applicable):

My donee shall not sell, transfer, convey, mortgage or charge my residential property at \_\_\_\_\_

\_\_\_\_\_ without the approval of the court (please indicate one property only).

- c. My donee shall have the authority to dispose of my property by making gifts of cash on my behalf subject to section 14(3) and (4) of the Act (please tick one box only):

- No
- Yes, and the value of cash gifts is unrestricted
- Yes, but the total value of cash gifts shall not exceed \$ \_\_\_\_\_ within 1 calendar year

- d. Where there is more than 1 donee, they shall act (please tick one box only):

- Jointly
- Jointly and severally

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here Page 6 of 8

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 1 (2014)**

Hotline: 1800-226-6222  
 Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**PART 3C**  
*Specific Powers*

My donee shall have the power to do any thing necessary or expedient to give effect to the decisions made by my donee, including the following where they are not inconsistent with the authority conferred in Part 3A and/or Part 3B:

- i. Sign by deed or otherwise all notices, applications, agreements, deeds, documents and forms;
- ii. Demand, recover and receive all sums of money payable to me and to give receipts;
- iii. 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, and accept service of process or any notice or document, and
- iv. Obtain information (including confidential information) about me and/or my accounts from third parties. And this shall be my permission to third parties including (but not limited to) the Central Provident Fund Board, banks and financial institutions, insurance companies, healthcare institutions and workers, to release information about me and my accounts to my donee or any third parties as authorised by my donee in accordance with the authority conferred on my donee.

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

|           |             |
|-----------|-------------|
| Sign Here | Page 7 of 8 |
|-----------|-------------|

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 1 (2014)**

Hotline: 1800-226-6222  
Website: www.publicguardian.gov.sg

**PART 4****LPA CERTIFICATE**

**PART 4A**  
*Particulars  
of Certificate  
Issuer*

Full name as in ID

-----

MCR/NRIC number

-----

Name of clinic/legal practice

Contact number

-----

**PART 4B**  
*Statement  
by Certificate  
Issuer*

1. I am (please tick one box only)

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

2. I have read the Prescribed Information and understand my role as a certificate issuer.

3. I am acting independently of the donor, donee(s) and replacement donee.

4. I am not disqualified under regulation 7(2) of the Mental Capacity Regulations 2010 to give this LPA certificate.

5. I certify that, in my opinion, at the time of signing this instrument,

- a) the donor understands the purpose of this instrument and the scope of the authority conferred under it;
- b) no fraud or undue pressure is being used to induce the donor to create a lasting power of attorney; and
- c) there is nothing else that will prevent a lasting power of attorney from being created by this instrument.

Signature and stamp of certificate issuer

Date signed

-----

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page 8 of 8

---

---

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 1 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**FOR OFFICIAL USE**

---

LPA Reference Number

THE SCHEDULE — *continued*

## FORM 2

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 2 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**PRESCRIBED INFORMATION**

*Important  
Information  
You Must  
Read*

**Purpose of the lasting power of attorney**

1. A lasting power of attorney is a legal document that gives authority to the person you appoint (called your "donee") to make decisions and act for you when you lack mental capacity. You may authorise your donee(s) to make decisions about your
  - personal welfare (which may include health care) and/or
  - property and affairs (including financial matters).
2. This is the lasting power of attorney (LPA) Form 2, which gives your donee customised powers and has to be drafted by a lawyer. If you have standard requirements and want to give your donee wide powers to act as fully as you can, subject to basic restrictions set out in the lasting power of attorney and in the Mental Capacity Act (Cap. 177A) ("the Act"), you should use LPA Form 1 (which you can fill up without the help of a lawyer).

**This document must be registered**

3. This document must be registered with the Office of the Public Guardian (OPG). The application to register must be made in the prescribed form within 6 months from the date you (the person giving the power) sign this document.

**When your donee can act for you**

4. Your donee can use the lasting power of attorney only after it has been registered and only where you lack mental capacity or your donee reasonably believes you lack such capacity.

**What your donee can and cannot do**

5. Your donee's authority is governed by the terms of this document and the provisions of the Act.
6. Your donee must follow the principles of the Act, which include the principle that your donee must act in your best interests.
7. Your donee cannot make certain decisions as provided in the Act, such as make a will on your behalf.
8. Guidance about the Act is found in the Mental Capacity Act Code of Practice, which is available from the OPG or at [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg). Your donee must have regard to the Code of Practice.

**Revoking (terminating) the lasting power of attorney**

9. You can revoke your lasting power of attorney at any time as long as you have mental capacity to do so. You must inform your donee in writing so he/she will know you have terminated his/her authority. You must also inform the Public Guardian in writing for the registration of the lasting power of attorney to be cancelled.

**FOR OFFICIAL USE**

| LPA Reference Number | Registration Number | Date Registered |
|----------------------|---------------------|-----------------|
|                      |                     |                 |

**Signature of Donor**

Sign Here

Page 1 of \_\_

THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 1 DONOR'S PARTICULARS AND STATEMENT**

**PART 1A**  
*Particulars of Donor*

Full name as in ID  
 -----

ID type ID number  
 -----  
*\*NRIC / Passport (\*Delete as appropriate)*  
 -----

Country of issue Date of birth (dd/mm/yyyy)  
 -----

**PART 1B**  
*Statement by Donor*

1. I have read the Prescribed Information or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) mentioned in Part 2 as donee(s) and/or replacement donee(s) with authority to make the decisions and act for me as mentioned in Part 3 of this document in circumstances where I lack mental capacity or where my donee reasonably believes I lack mental capacity.
3. I intend that my replacement donee(s) (if applicable) shall replace my donee according to the terms of this lasting power of attorney when any of the events mentioned in section 15(5) of the Act, which terminates the appointment of that donee, occurs.
4. I am 21 years or older and am not an undischarged bankrupt (where my donee has authority to make property and affairs decisions).
5. I revoke any previous lasting power of attorney executed by me (if any), whether in respect of my personal welfare or property and affairs or both, with effect from the date that this instrument is registered by the Public Guardian, and I will inform the donee or donees in writing about the revocation accordingly.

**Signed and sealed by the donor as a deed and delivered**

Signature of the donor  
 -----

Signature of certificate issuer as witness Date signed  
 -----



**Particulars of translator who read and translated the contents of this instrument to the donor**

Name of translator  
 -----

ID type ID number  
 -----  
*\*NRIC / Passport (\*Delete as appropriate)*  
 -----

Signature of translator Date signed  
 -----

Please tick box if translator is certificate issuer Language/dialect translated in  
 -----

**FOR OFFICIAL USE**

LPA Reference Number  
 \_\_\_\_\_

**Signature of Donor**  
 Sign Here Page 2 of \_\_

---



---

 THE SCHEDULE — *continued*

 OFFICE OF THE  
**PUBLIC  
 GUARDIAN**
**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

 Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 2                      DONEE'S AND REPLACEMENT DONEE'S STATEMENT AND  
 PARTICULARS**


---

|   |         |
|---|---------|
| Total number of donees (individual)             | : ..... |
| Total number of donees (licensed trust company) | : ..... |
| Total number of replacement donees              | : ..... |

---

**PART 2A**  
*Statement  
 by Donee*

1. I am an individual or a licensed trust company.
2. I have read the Prescribed Information or it has been read to me.
3. I understand the duties imposed on a donee of a lasting power of attorney under sections 3 (the principles) and 6 (best interests) of the Act.
4. I must have regard to the Mental Capacity Act Code of Practice.
5. I shall inform the Public Guardian if any of the following events, which terminates my appointment or power, occurs:
 

**(For an individual)**

  - a) I disclaim my appointment as donee;
  - b) I am made a bankrupt (where I have authority to make property and affairs decisions);
  - c) My marriage to the donor is dissolved or annulled (if I am the donor's spouse).

**(For a licensed trust company)**

  - a) I disclaim my appointment as donee;
  - b) My trust business licence lapses, or is revoked or suspended;
  - c) I am liquidated, wound-up, dissolved or placed under judicial management.
6. 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 (applicable to replacement donee only).
7. By signing, I consent to be appointed as a donee/replacement donee (where applicable).

**FOR OFFICIAL USE**

 LPA Reference Number
 **Signature of Donor**

 Sign Here
 

 Page 3 of \_\_

THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 2B**  
*Particulars  
 of \*Only / 1st  
 Donee  
 (individual)*  
 (\*Delete as  
 appropriate)

Full name as in ID  
 -----  
 ID type ID number  
 \*NRIC / Passport (\*Delete as appropriate)  
 -----  
 Country of issue Date of birth (dd/mm/yyyy)  
 -----

Authorised to make decisions about (please tick one box only)  
 personal welfare only  
 property and affairs only  
 both personal welfare and property and affairs

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee  
 -----  
 Signature of witness Date signed  
 -----

*(I have read the Prescribed Information on page 1 and agree with paragraphs 3 to 7 of Part 2A on page 3 of this instrument.)*



**Particulars of witness**

Name of witness  
 -----  
 ID type ID number  
 \*NRIC / Passport (\*Delete as appropriate)  
 -----  
 Please tick box if translation of the contents of this instrument was given by the witness. Language/dialect translated in  
 -----

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here Page \_\_\_ of \_\_\_

THE SCHEDULE — *continued*

|   |  |   |
|---|--|---|
| <p style="font-size: small;">OFFICE OF THE</p> <p style="font-size: large; font-weight: bold; margin: 0;">PUBLIC<br/>GUARDIAN</p> | <p style="font-size: large; font-weight: bold; margin: 0;">LASTING POWER OF ATTORNEY<br/>FORM 2 (2014)</p> | <p style="font-size: x-small; margin: 0;">Hotline: 1800-226-6222<br/>Website: www.publicguardian.gov.sg</p> |
|---|--|---|

**PART 2C**

*Particulars of  
2<sup>nd</sup> Donee  
(individual)*

*(Optional. To strike out this portion if not applicable.)*

Full name as in ID  
-----

|  |                                     |
|--|-------------------------------------|
| ID type<br>-----                                   | ID number<br>-----                  |
| *NRIC / Passport (*Delete as appropriate)<br>----- |                                     |
| Country of issue<br>-----                          | Date of birth (dd/mm/yyyy)<br>----- |

Authorised to make decisions about (please tick one box only)

- personal welfare only
- property and affairs only
- both personal welfare and property and affairs

**Signed and sealed by the donee as a deed and delivered**

|                                 |  |
|---------------------------------|--|
| Signature of the donee<br>----- | (I have read the Prescribed Information on page 1 and agree with paragraphs 3 to 7 of Part 2A on page 3 of this instrument.) |
| Signature of witness<br>-----   | Date signed<br>-----   |



**Particulars of witness**

Name of witness  
-----

|  |   |
|--|---|
| ID type<br>-----   | ID number<br>-----                      |
| *NRIC / Passport (*Delete as appropriate)<br>-----   |   |
| <input type="checkbox"/> Please tick box if translation of the contents of this instrument was given by the witness. | Language/dialect translated in<br>----- |

**For particulars of additional donee(s), if any, please use Continuation Sheet A.**

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here \_\_\_\_\_ Page \_\_\_ of \_\_\_

THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 2D**  
*Particulars of  
 Only Donee  
 (licensed trust  
 company – for  
 property and  
 affairs)*

*(Optional. To strike  
 out this portion if not  
 applicable.)*

Registered name  
 -----

Registration number ----- Place of registration -----

Authorised to make decisions about  
 property and affairs only

**Signed and sealed by the donee as a deed and delivered**

Signature of the donee ----- *(I have read the Prescribed Information on  
 page 1 and agree with paragraphs 3 to 7  
 of Part 2A on page 3 of this instrument.)*

Signature of witness ----- Date signed -----

**Particulars of witness**

Name of witness  
 -----

ID type ----- ID number -----  
*\*NRIC / Passport (\*Delete as appropriate)*

Please tick box if translation of the contents  
 of this instrument was given by the witness. Language/dialect translated in  
 -----



**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here ----- Page \_\_\_ of \_\_\_



THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

**PART 2F**  
*Particulars of Only Replacement Donee (licensed trust company – for property and affairs)*

*(Optional. To strike out this portion if not applicable.)*

Registered name  
 -----

Registration number  
 -----

Place of registration  
 -----

Replacement donee is to replace (please tick one box only)

- any property and affairs donee that needs replacing
- this named donee: -----

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

Signature of the replacement donee  
 -----

*(I have read the Prescribed Information on page 1 and agree with paragraphs 3 to 7 of Part 2A on page 3 of this instrument.)*



Signature of witness  
 -----

Date signed  
 -----

**Particulars of witness**

Name of witness  
 -----

ID type  
 -----

ID number  
 -----

*\*NRIC / Passport (\*Delete as appropriate)*

- Please tick box if translation of the contents of this instrument was given by the witness.

Language/dialect translated in  
 -----

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here \_\_\_\_\_ Page \_\_\_ of \_\_\_

---



---

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 2 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**PART 3****POWERS GRANTED TO THE DONEE**

*(The term "donee" includes all donees (if more than one is appointed for that particular power) and a replacement donee.)*

Part 3 must be drafted by an advocate and solicitor of the Supreme Court with a practising certificate in force who must sign the certificate in the Annex to Part 3

**PART 3A**  
*Particulars of  
Advocate and  
Solicitor*

Name

-----

Practising certificate number

-----

Name of legal practice

-----

Office address

-----

-----

Office telephone number

-----

Office fax number

-----

**PART 3B**  
*Powers of the  
Donee*

The donee(s) shall have the authority to make decisions and act for the donor in accordance with the provisions contained in the Annex to Part 3 attached

**This is the end of Part 3**

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_ of \_\_\_

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**ANNEX TO PART 3: POWERS OF THE DONEE**

*Details of the Donor*

Full name as in ID

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_ of \_\_\_

---

---

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 2 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**ANNEX TO PART 3: POWERS OF THE DONEE**

---

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

|           |                 |
|-----------|-----------------|
| Sign Here | Page ___ of ___ |
|-----------|-----------------|

---

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**ANNEX TO PART 3: POWERS OF THE DONEE**

*Certificate of the Donor's Advocate and Solicitor*

I am an advocate and solicitor with a practising certificate in force, and I certify that I drafted the powers in the Annex to Part 3 of this instrument on the instructions, and in accordance with the wishes, of the donor.

Name of advocate and solicitor

Signed by the advocate and solicitor

Date signed

**FOR OFFICIAL USE**

|                      |
|----------------------|
| LPA Reference Number |
|----------------------|

**Signature of Donor**

Sign Here

Page \_\_ of \_\_

---



---

 THE SCHEDULE — *continued*

 OFFICE OF THE  
**PUBLIC  
 GUARDIAN**
**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

 Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg
**PART 4****LPA CERTIFICATE**
**PART 4A**  
*Particulars  
 of Certificate  
 Issuer*

Full name as in ID

MCR/NRIC number

Name of clinic/legal practice

Contact number

**PART 4B**  
*Statement  
 by Certificate  
 Issuer*

1. I am (please tick one box only)

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

2. I have read the Prescribed Information and understand my role as a certificate issuer.

3. I am acting independently of the donor, donee(s) and replacement donee(s).

4. I am not disqualified under regulation 7(2) of the Mental Capacity Regulations 2010 to give this LPA certificate.

5. I certify that, in my opinion, at the time of signing this instrument,

- a) the donor understands the purpose of this instrument and the scope of the authority conferred under it;
- b) no fraud or undue pressure is being used to induce the donor to create a lasting power of attorney; and
- c) there is nothing else that will prevent a lasting power of attorney from being created by this instrument.

Signature and stamp of certificate issuer

Date signed

**FOR OFFICIAL USE**

LPA Reference Number

**Signature of Donor**

Sign Here

Page \_\_\_ of \_\_\_

THE SCHEDULE — continued

OFFICE OF THE  
**PUBLIC GUARDIAN**

**LASTING POWER OF ATTORNEY  
 FORM 2 (2014)**

Hotline: 1800-226-6222  
 Website: www.publicguardian.gov.sg

CONTINUATION SHEET A

Particulars of Additional Donee (individual)

Full name as in ID  
 -----  
 ID type ID number  
 -----  
 \*NRIC / Passport (\*Delete as appropriate)  
 -----  
 Country of issue Date of birth (dd/mm/yyyy)  
 -----

- Authorised to make decisions about (please tick one box only)
- personal welfare only
  - property and affairs only
  - both personal welfare and property and affairs

Signed and sealed by the donee as a deed and delivered

Signature of the donee (I have read the Prescribed Information on page 1 and agree with paragraphs 3 to 7 of Part 2A on page 3 of this instrument.)  
 -----  
 Signature of witness Date signed  
 -----



Particulars of witness

Name of witness  
 -----  
 ID type ID number  
 -----  
 \*NRIC / Passport (\*Delete as appropriate)  
 -----  
 Please tick box if translation of the contents of this instrument was given by the witness. Language/dialect translated in  
 -----

FOR OFFICIAL USE

LPA Reference Number  
 \_\_\_\_\_

Signature of Donor

Sign Here \_\_\_\_\_ Page \_\_\_ of \_\_\_

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 2 (2014)**

Hotline: 1800-226-6222  
Website: www.publicguardian.gov.sg

**CONTINUATION SHEET B**

*Particulars  
of Additional  
Replacement  
Donee  
(individual)*

Full name as in ID

-----

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

-----

Country of issue

Date of birth (dd/mm/yyyy)

-----

Replacement donee is to replace (please tick one box only)

- any donee that needs replacing
- any personal welfare donee that needs replacing
- any property and affairs donee that needs replacing
- this named donee: -----

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

Signature of the replacement donee

-----

*(I have read the Prescribed Information on  
page 1 and agree with paragraphs 3 to 7  
of Part 2A on page 3 of this instrument.)*

Affix  
seal  
here

Signature of witness

-----

Date signed

-----

**Particulars of witness**

Name of witness

-----

ID type

ID number

*\*NRIC / Passport (\*Delete as appropriate)*

-----

- Please tick box if translation of the contents  
of this instrument was given by the witness.

Language/dialect translated in

-----

**FOR OFFICIAL USE**

LPA Reference Number

-----

**Signature of Donor**

Sign Here

-----

Page \_\_\_ of \_\_\_

---

---

THE SCHEDULE — *continued*

OFFICE OF THE  
**PUBLIC  
GUARDIAN**

**LASTING POWER OF ATTORNEY  
FORM 2 (2014)**

Hotline: 1800-226-6222  
Website: [www.publicguardian.gov.sg](http://www.publicguardian.gov.sg)

**FOR OFFICIAL USE**

---

LPA Reference Number

”  
.

---

---

**Transitional and savings provisions**

**19.**—(1) Notwithstanding these Regulations, an instrument intended to create a lasting power of attorney may be executed, on or after 1 September 2014 but before 1 October 2014, in one of the forms set out in the First Schedule to the principal Regulations in force immediately before 1 September 2014, as if these Regulations had not been made.

(2) Subject to paragraphs (3) and (4), the principal Regulations in force immediately before 1 September 2014, with the exception of the Fifth and Sixth Schedules thereto, shall continue to apply to and in relation to any instrument referred to in paragraph (1) as if these Regulations had not been made.

(3) Regulation 2(a) and (c) shall apply to and in relation to any instrument intended to create a lasting power of attorney whenever executed.

(4) Regulations 10(2), 17, 18, 19 and 20 of the principal Regulations as amended by these Regulations shall apply to and in relation to any instrument intended to create a lasting power of attorney whenever executed.

Made on 1 August 2014.

CHAN HENG KEE  
*Permanent Secretary,*  
*Ministry of Social and Family Development,*  
*Singapore.*

[MSF 132-31-27; AG/LLRD/SL/177A/2010/3 Vol. 3]