Continuation sheet 1

Additional people

Helpline
0300 456 0300

Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

If you use this page, you must sign it.

Help?

For help with this section, see the Guide, parts A2, A4 and A6.

☐ **Attorney** LPA section 2
☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title | First names

Last name

Date of birth (not required for "person to notify")

Day | Month | Year

Address

Postcode

Email address (optional)

☐ **Attorney** LPA section 2
☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title | First names

Last name

Date of birth (not required for "person to notify")

Day | Month | Year

Address

Postcode

Email address (optional)

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

Day | Month | Year

Only valid with the official stamp here.