

John Fowlers LLP – Lasting Power of Attorney for Property & Financial Affairs, Donor’s Instruction form.

1. Donor’s details

Your title * Mr / Mrs / Miss / Ms / (please circle)

Your Full Name
(inc any known by names): *

Date of birth: *

Address: *

Telephone Number: *

Your email address: *

2. First Attorney’s Details

Their title: *

Their full name: *

Their date of birth: *

Their address: *

Their phone number: *

Their email address: *

Their occupation: *

Relationship (if any) *

3. Second Attorney’s Details (if appointing more than one Attorney)

Their title: *

Their full name: *

Their date of birth: *

Their address: *

Their phone number: *

Their email address: *

Their occupation: *

Relationship (if any) *

4. First Replacement Attorney's Details (if applicable)

Their title: *

Their full name: *

Their date of birth: *

Their address: *

Their phone number: *

Their email address: *

Their occupation: *

Relationship (if any) *

5. Second Replacement Attorney's Details (if applicable)

Their title: *

Their full name: *

Their date of birth: *

Their address: *

Their phone number: *

Their email address: *

Their occupation: *

Relationship (if any) *

6. If you are appointing more than one Attorney, how do you wish your Attorneys to be appointed?

Jointly

Jointly & severally

Jointly for some decisions and jointly & severally for other decisions

7. Restrictions

Do you have anything that you wish for your Attorneys not to do with your finances? For example, not to allow the sale of your property.

8. Guidance (Religious/ethical views/any medical treatments not wanted)

Do you have any specific views or guidance for your Attorneys to follow in relation to your medical or financial matters? This may be any religious or moral views of medical treatments you would want or not want.

9. Charges for Attorney(s):

10. Notifiable Person's Details (Person to be told)

Their title: *

Their full name: *

Their date of birth: *

Their address: *

Their phone number: *

11. Certificate Provider's Details

Their title: *

Their full name: *

Their address: *

12. Are you applying for a remission/exemption of the application fee based on your income/entitlement to Guaranteed Pension Credit? (If yes please supply evidence).

Remission

Exemption