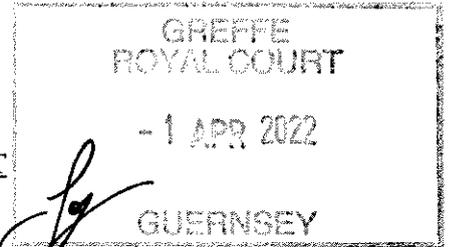


GUERNSEY STATUTORY INSTRUMENT

2022 No. 22



**The Capacity (Lasting Powers of Attorney)
(Miscellaneous) Regulations, 2022**

<i>Made</i>	31 st March, 2022
<i>Coming into operation</i>	1 st April, 2022
<i>Laid before the States</i>	, 2022

THE COMMITTEE FOR HEALTH AND SOCIAL CARE, in exercise of the powers conferred on it by sections 1(5), 2(1)(a), 3(1)(a), 4, 5(1), 6, 7(1)(a) and (11)(a) and 19 of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022^a and all other powers enabling it in that behalf, hereby makes the following Regulations:-

PART I

PRESCRIBED DOCUMENTS, ETC.

Prescribed documents.

2. The documents set out in the Schedule to these Regulations are prescribed for the purposes of the relevant sections of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the Ordinance") as follows -

(a) Form -

^a Ordinance approved by the States of Deliberation on the 30th March, 2022.

- (i) A1 for the purposes of making both types of lasting power of attorney,
- (ii) A2 for the purposes of making a lasting power of attorney relating to property and financial affairs only,
- (iii) A3 for the purposes of making a lasting power of attorney relating to health and welfare matters only,

are the prescribed forms (relevant instrument) for the purposes of section 1(5),

- (b) Form B is the prescribed form for the purposes of section 3(1)(a),
- (c) Form PF is the prescribed form for the purposes of section 4(2),
- (d) Forms -
 - (i) X1 in relation to a lasting power of attorney relating to health and welfare matters, and
 - (ii) X2 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed certificates for the purposes of section 4(4),

(e) Forms -

(i) Z1 in relation to a lasting power of attorney relating to health and welfare matters, and

(ii) Z2 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed forms for the purposes of section 4(5)(b),

(f) Forms -

(i) C1 in relation to a lasting power of attorney relating to health and welfare matters, and

(ii) C2 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed forms for the purposes of section 5(1),

(g) Forms -

(i) S3 in relation to a lasting power of attorney relating to health and welfare matters, and

(ii) S4 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed certificates for the purposes of

section 6(1),

(h) Forms -

(i) S1 in relation to a lasting power of attorney relating to health and welfare matters, and

(ii) S2 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed forms for the purposes of section 6(3)(a)(i)(A), and

(i) Forms -

(i) W1 in relation to a lasting power of attorney relating to health and welfare matters, and

(ii) W2 in relation to a lasting power of attorney relating to property and financial affairs,

are the prescribed forms for the purposes of section 7(1)(a).

Prescribed information.

3. The prescribed information for the purposes of section 2(1)(a) of the Ordinance is, in relation to -

(a) all lasting powers of attorney, is -

"This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.",

- (b) lasting powers of attorney in relation to health and welfare matters, is -

"I appoint and give my Attorney(s) authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law", and

- (c) lasting powers of attorney in relation to property and financial affairs, is -

"I appoint and give my Attorney(s) authority to make decisions about my property and financial affairs: once this document is registered

Or

when I cannot act for myself because I lack capacity subject to the terms of this LPA and to the provisions of the Capacity Law".

PART II

PRESCRIBED PERSONS

Prescribed persons.

4. (1) The following persons are prescribed for the purposes of sections 4 and 6 of the Ordinance -

- (a) a medical practitioner, who satisfies the conditions of section 1(1)(a) and (b) of the Regulation of Health Professionals (Medical Practitioners) (Guernsey and Alderney) Ordinance, 2015,
- (b) a nurse, who is duly registered with the Nursing & Midwifery Council as qualified so to practise in the United Kingdom,
- (c) a social worker, who is duly registered as qualified so to practise in any jurisdiction of the United Kingdom,
- (d) an occupational therapist or practitioner psychologist who is duly registered with the Health and Care Professions Council as qualified so to practise in the United Kingdom, and
- (e) any other person approved by the Committee, either generally or in a specific case, where the Committee considers that the person has the expertise and experience necessary to carry out the function of a prescribed person.

(2) Any reference in paragraph (1) to a named organisation includes any reference to any organisation to which the function of registration of the relevant professional is subsequently conferred in law.

PART III
DISCLAIMER OF ATTORNEYSHIP

Disclaimer of attorneyship.

5. (1) For the purposes of section 7(11)(a) of the Ordinance, the prescribed requirements are -

(a) the attorney ("A") who wishes to disclaim being an attorney in relation to lasting power of attorney in relation to the grantor ("P") must notify P in writing of A's intention to disclaim, and

(b) 28 calendar days after the written notification has been received (in accordance with these Regulations), A must notify Her Majesty's Greffier in writing, setting out -

(i) A's wish to disclaim being an attorney, and

(ii) the date on which the written notification was deemed to have been received.

(2) For the avoidance of doubt, where A disclaims being an attorney under this regulation, Her Majesty's Greffier shall -

(a) update the Register, and

(b) notify A, P and any other As that the Register has been updated by removing A as an attorney.

PART IV

SERVICE OF DOCUMENTS

Service of documents.

6. (1) Except where otherwise provided for under the Law, any document or notification (howsoever titled and whether prescribed under these Regulations) (a "relevant document") to be served, given or otherwise delivered under the Law or the Ordinance may be served, given or delivered -

- (a) on an individual ("I"), by being delivered to I, or being left at, or sent by post to, I's usual or last known place of abode, or being transmitted to I's relevant electronic address,
- (b) on a company or other legal person with a registered office in the Bailiwick, by being left at, or sent by post to, its registered office, or by being transmitted to its relevant electronic address,
- (c) on a company or other legal person without a registered office in the Bailiwick, by being left at, or sent by post to
 - (i) its principal or last known principal place of business in the Bailiwick, or
 - (ii) if there is no such place, its registered or principal office or last known registered or principal office elsewhere,
- (d) on an unincorporated body -
 - (i) by being served, given or delivered to any partner, member of the committee or other

similar body, manager, director or other officer thereof in accordance with subparagraph (a), or

(ii) by being left at, or sent by post or transmitted to

(A) the body's principal or last known principal place of business in the Bailiwick, or

(B) if there is no such place, its principal or last known principal place of business elsewhere,

or by being transmitted to its relevant electronic address

(e) on Her Majesty's Greffier by being left at, or sent by post to the Royal Court House or such other location as Her Majesty's Greffier may designate for the purposes of Alderney or Sark, or by being transmitted to the relevant electronic address,

(f) on the Committee by being left at, or sent by post to -

(i) the offices of the Committee at Le Vauquiedor, Rue Mignot, St Andrew, Guernsey GY6 8TW or such other location as the Committee may designate, or

(ii) the offices of the Chief Pleas of Sark at La Chasse Murette, Sark, GY10 1SF,

(as the case may be) or by being transmitted to the relevant electronic address,

and in this regulation -

- (i) "by post" means by special delivery, recorded or signed for delivery or ordinary letter post,
- (ii) "electronic address" includes, without limitation, an e-mail address, telecommunications address and other electronic or internet communications service or messaging address,
- (iii) "relevant electronic address" means an electronic address -
 - (A) with which, in the opinion of the person giving or delivering the relevant document, the person concerned has a personal, business or other connection, and
 - (B) a document transmitted to which is likely to come to the attention of the person concerned, and
- (iv) "transmitted" means transmitted by electronic communication (that is to say, in electronic form and by electronic means), facsimile transmission

or other similar means which produce or enable the production of a document containing the text of the communication.

- (2) If, under the Law, a person notifies Her Majesty's Greffier of -
 - (a) an address for service within the Bailiwick, or
 - (b) an electronic address at which the service of documents may be effected on that person,

any relevant document to be served, given or delivered to that person under those provisions or for those purposes may be served, given or delivered by being left at, or sent by post to, that address in the Bailiwick or (as the case may be) by being transmitted to that electronic address.

(3) If service of a document under the Law cannot, after reasonable enquiry, be effected in accordance with this regulation, the document may be served by being published on two occasions in La Gazette Officielle.

(4) Subsections (1), (2) and (3) are without prejudice to any other lawful method of service.

(5) Notwithstanding the provisions of this section and of any other rule of law in relation to the service of documents, no relevant document to be served, given or delivered to Her Majesty's Greffier or the Committee shall be deemed to have been served, given or delivered until it is received.

(6) If a person upon whom a relevant document is to be served under the Law is a minor or person under guardianship, the document shall be served on his or her guardian; and if there is no guardian, a person, with leave of the

court may apply to the appropriate Court for the appointment of a person to act as guardian under those provisions or for those purposes; and in this subsection the "appropriate Court" means -

- (a) the Court of Alderney, where the person in respect of whom the guardian is to be appointed is within the jurisdiction of that Court,
- (b) the Court of the Seneschal, where the person in respect of whom the guardian is to be appointed is within the jurisdiction of that Court,
- (c) the Royal Court, in any other case.

(7) A relevant document sent by post shall, unless the contrary is shown, be deemed under the Law to have been received -

- (a) in the case of a relevant document sent to an address in the United Kingdom, the Channel Islands or the Isle of Man, on the third day after the day of posting,
- (b) in the case of a relevant document sent elsewhere, on the seventh day after the day of posting, excluding in each case any day which is not a business day.

(8) Service of a relevant document sent by post shall be proved by showing the date of posting, the address thereon and the fact of prepayment.

(9) A relevant document shall be deemed under the Law to have been -

- (a) addressed to the person concerned, and
- (b) delivered to any person, or left at or transmitted to a place or address,

if the person effecting service certifies that it was addressed, and delivered, left or transmitted (as the case may be), in accordance with the provisions of this regulation, and the relevant document shall, unless the contrary is shown, be deemed for those purposes to have been received when it was delivered, left or transmitted (as the case may be).

(10) Notwithstanding the provisions of this regulation and for the avoidance of doubt -

- (a) Her Majesty's Greffier may refuse to accept service of a relevant document, either generally or in a specific case, in any manner other than that specified under the Law, and
- (b) where an attorney notifies any other attorney of the suspension of a lasting power of attorney for the purposes of section 6(3)((a)(i)(B), that notification shall be deemed to have been received as soon as it was received by the other attorney.

PART V GENERAL PROVISIONS

Interpretation.

7. (1) In these Regulations, any expressions used have the same

meanings as in the Law and the Ordinance (as the case may be).

Citation, extent and commencement.

8. These Regulations -
- (a) may be cited as the Capacity (Lasting Powers of Attorney) (Miscellaneous) Regulations, 2022,
 - (b) shall have effect throughout the Bailiwick, and
 - (c) shall come into force on the 1st April, 2022.

Dated this 31st day of March, 2022

A handwritten signature in black ink, appearing to read 'A. H. Brouard', with a long horizontal stroke extending to the right.

A. H. BROUARD

President of the Committee for Health & Social Care

For and on behalf of the Committee

SCHEDULE
PRESCRIBED DOCUMENTS

Regulation 2

Form A1: Creation and registration of a Lasting Power of Attorney (LPA) for Property and Financial Affairs and for Health and Welfare matters

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of birth	Phone number

To make an LPA for Property and Financial Affairs you must complete Part 1	To make an LPA for Health and Welfare matters you must complete Part 2
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Part 1 – Property and Financial Affairs	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Lasting Power of Attorney

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement attorneys	
Name of replacement Attorney (1) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

c) How can your attorneys act?	
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally:</p> <p>Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly:</p> <p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court. Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly for some decisions and severally for others:</p> <p>Attorneys must agree unanimously on some decisions but can make others on their own.</p> <p>If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.</p>

d) Can the attorney(s) use the LPA with your agreement whilst you still have capacity to manage your property and financial affairs?

(Please circle below)

If you circle 'YES' your attorney can still only act with your agreement

If you circle 'NO' your attorney can only act after you lose capacity to manage your financial affairs and the LPA has been activated

YES / NO

This may be useful if you need your attorneys to go the bank for you, or to manage your affairs whilst you are away on holiday.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.

If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify here:

Please continue to the next page to create an LPA in relation to Health and Welfare matters

Part 2 - Health and Welfare Matters	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement Attorneys	
Name of replacement Attorney (1) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	
Address	Email address

c) How can your attorneys act?	
Jointly and severally (Please circle below) <p style="text-align: center;">YES / NO</p>	If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.</p> <p>Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) 'Instructions, wishes or preferences'.</p>

d) Life sustaining treatment decisions

You must choose whether you are willing to allow your attorney(s) to make decisions about life-sustaining treatment at a time when you no longer have capacity to make this decision for yourself. Life-sustaining treatment means care, surgery, medicine or other help from doctors that is needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth).

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that doesn't go as planned.

If you give your attorney(s) the right to make this decision, the attorney can decide whether you receive or do not have the specified treatment, in the same way that you would have done, when you still had capacity to decide. This means that your attorney can decide to refuse life sustaining treatment if they do not consider that it is in your best interests to have this. Your attorney should act in your best interests and in line with your wishes and views. It is advisable therefore to make sure that you talk with your attorneys about your wishes and views so that they can follow these.

Please delete as appropriate

Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will consider the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

If you have chosen (in section c) above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

(f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify:

(g) Advanced care planning

Have you made an advanced care plan or advanced decision to refuse treatment?

(Please circle below)

YES / NO

If you have answered 'YES', please attach and provide a copy to your attorney(s)

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data will be processed by HM Greffier, the Committee for Health and Social Care, Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 for safeguarding processes.

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)

Property and Financial Affairs:

- I appoint and give my Attorney(s) authority to make decisions about my property and financial affairs: once this document is registered

Or

- when I cannot act for myself because I lack capacity (Tick which box is correct)
subject to the terms of this LPA and to the provisions of the Capacity Law

- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their relevant duties for the purposes of the Law and LPA Ordinance

Health and Welfare Matters:

- I appoint and give my Attorney(s) authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law
- I confirm I have deleted either Option A or Option B about life sustaining treatment in section 4 of this LPA
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their duties for the purposes of the Law and the LPA Ordinance

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and to act in accordance with the authority I have been given; and
- I confirm that **I am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

To be signed by Attorneys and replacement Attorneys in relation to a lasting power of attorney for **Property and Financial Affairs made under Part 1**

Name and Signature of Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (3)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (4)	
Date	

Witnessed by (forename and surname)	
--	--

Lasting Power of Attorney

Signature	
Date	

Name and Signature of replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

To be signed by Attorneys and replacement Attorneys in relation to a lasting power of attorney for Health and Welfare matters made under Part 2

Name and Signature of Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (3)	
Date	

Witnessed by (forename and surname)	
--	--

Lasting Power of Attorney

Signature	
Date	

Name and Signature of Attorney (4)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Any information noted by HM Greffier in relation to this form

To be endorsed by HM Greffier when registered:

Form A2: Creation and registration of a Lasting Power of Attorney (LPA) for Property and Financial Affairs

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of birth	Phone number

Property and Financial Affairs	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Lasting Power of Attorney

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement attorneys	
Name of replacement Attorney (1) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

c) How can your attorneys act?	
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally:</p> <p>Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly:</p> <p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.</p> <p>Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly for some decisions and severally for others:</p> <p>Attorneys must agree unanimously on some decisions but can make others on their own.</p> <p>If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.</p>

d) Can the attorney(s) use the LPA with your agreement whilst you still have capacity to manage your property and financial affairs?

(Please circle below)

If you circle 'YES' your attorney can still only act with your agreement

If you circle 'NO' your attorney can only act after you lose capacity to manage your financial affairs and the LPA has been activated

YES / NO

This may be useful if you need your attorneys to go the bank for you, or to manage your affairs whilst you are away on holiday.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.

If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify here:

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data will be processed by HM Greffier, the Committee for Health and Social Care, Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 for safeguarding processes

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)

 - I appoint and give my Attorney(s) authority to make decisions about my property and financial affairs: once this document is registered
- Or*
- when I cannot act for myself because I lack capacity (Tick which box is correct)
- subject to the terms of this LPA and to the provisions of the Capacity Law
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their relevant duties for the purposes of the Law and LPA Ordinance

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this page, the Attorneys and replacement Attorneys should sign the next page(s) as appropriate.

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and to act in accordance with the authority I have been given; and
- I confirm that I **am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

Name and Signature of Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (3)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of Attorney (4)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Any information noted by HM Greffier in relation to this form

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To be endorsed by HM Greffier when registered:

Form A3: Creation of a Lasting Power of Attorney (LPA) for Health and Welfare matters

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of Birth	Phone number

Part 2 - Health and Welfare Matters	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	

Lasting Power of Attorney

Address	Email address
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Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement Attorneys	
Name of replacement Attorney (1) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	
Address	Email address

c) How can your attorneys act?	
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally:</p> <p>Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.</p> <p>Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) 'Instructions, wishes or preferences'.</p>

d) Life sustaining treatment decisions

You must choose whether you are willing to allow your attorney(s) to make decisions about life-sustaining treatment at a time when you no longer have capacity to make this decision for yourself. Life-sustaining treatment means care, surgery, medicine or other help from doctors that is needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth).

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that doesn't go as planned.

If you give your attorney(s) the right to make this decision, the attorney can decide whether you receive or do not have the specified treatment, in the same way that you would have done, when you still had capacity to decide. This means that your attorney can decide to refuse life sustaining treatment if they do not consider that it is in your best interests to have this. Your attorney should act in your best interests and in line with your wishes and views. It is advisable therefore to make sure that you talk with your attorneys about your wishes and views so that they can follow these.

Please delete as appropriate

Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will consider the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

If you have chosen (in section c) above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

(f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify:

(g) Advanced care planning

Have you made an advanced care plan or advanced decision to refuse treatment?

(Please circle below)

YES / NO

If you have answered 'YES', please attach and provide a copy to your attorney(s)

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data will be processed by HM Greffier, the Committee for Health and Social Care, Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 for safeguarding processes.

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)
- I appoint and give my Attorney(s) authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law
- I confirm I have deleted either Option A or Option B about life sustaining treatment in section 4 of this LPA
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their duties for the purposes of the Law and the LPA Ordinance

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this page, the Attorneys and replacement Attorneys should sign the next page(s) as appropriate.

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and to act in accordance with the authority I have been given; and
- I confirm that **I am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

Name and Signature of Attorney (1)

Date

Witnessed by (forename and surname)

Signature

Date

Name and Signature of Attorney (2)

Date

Witnessed by (forename and surname)

Signature

Date

Name and Signature of Attorney (3)

Date

Witnessed by (forename and surname)

Signature

Date

Name and Signature of Attorney (4)

Date

Witnessed by (forename and surname)

Signature

Date

Name and Signature of replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Any information noted by HM Greffier in relation to this form

To be endorsed by HM Greffier when registered:

Form B Application for Registration (this must ONLY be completed at the interview with HM Greffier)

I confirm all of the following:

- I have read the Lasting Power of Attorney Form A or I have had it read to me (especially the Declaration) (Tick this box if this is correct)

Property and Financial Affairs: (Tick this box if relevant)

- I appoint and give my attorneys authority to make decisions about my property and finances: once this document is registered
- Or
when I cannot act for myself because I lack capacity (tick which box is correct)
subject to the terms of this LPA and to the provisions of the Capacity Law

Health and Welfare Matters: (Tick this box if relevant)

- I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law
- I confirm I have deleted either Option A or Option B regarding life sustaining treatment in section 4 of this document

Signed (Grantor)

Date

Witnessed by (for HM Greffier)

Forename and surname

Signature

Date

When processing your personal data, these offices are compliant with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information about how these offices process your personal data, please view the Fair Processing Notice available at the Royal Court Public Counter or on the Royal Court Website Homepage.

For HM Greffier	Documents seen (details): Passport Driving Licence ID Document Birth Certificate
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I am satisfied, to the best of my abilities, that _____

- has capacity to execute and register the relevant instrument to make a Lasting Power of Attorney,
- has not been put under undue pressure to execute or register this relevant instrument,
- has complied with the requirements of section 3 of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2020.

Signed: _____

Name: _____ Date: _____

Note:

If HM Greffier may make enquiries and/or refuse to register the Lasting Power of Attorney if not satisfied of the matters set out above.

Form PF Notification of Activation of Lasting Power of Attorney for Property and Financial Affairs

Name of Grantor (forename and surname)	
Date of birth	
Address	
LPA Registration number	
LPA Date of registration	

I, the Grantor named above, hereby notify HM Greffier for the purposes of section 4(2) of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022, that I wish my attorneys to make decisions about my property and financial affairs once this notification has been given, subject to the terms of the above Lasting Power of Attorney and to the provisions of the Capacity Law.

I provide the following identification in order to verify that I am the person named above:

Passport Driving licence Other photographic identification

(Please tick the relevant box)

Signed by Grantor	
Date	

Witnessed by (forename and surname) This must not be an Attorney	
Signed	
Date	

This form should be provided to HM Greffier in person, where possible.

HM Greffier reserves the right to conduct enquiries to ensure that this notification is valid.

Form X1 Certificate of lack of capacity
(only to be used for the purposes of activating Lasting Powers of Attorney for Health and Welfare matters)

1. Name of person assessed (forename and surname)	
2. Date of birth	
3. Address	
4. Date of capacity assessment	
5. Name of assessor (forename and surname)	
6. Address This can include a business address	
7. Profession of assessor	
8. Name and address of body with which the assessor is registered in order to practise in that profession	
9. Registration details of assessor	

I certify that I have verified the identity of:

(insert name of person assessed), having seen the following identification:

(insert type and details of identification seen).

On the basis of my capacity assessment, I am satisfied that:

(insert name of person assessed)
 no longer has capacity in relation to health and welfare matters such that it is appropriate that the lasting power of attorney is activated.

I attach my capacity assessment. I have undertaken this assessment in accordance with:

- the Capacity (Bailiwick of Guernsey) Law, 2020,
- the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022, and
- the Code of Practice issued under that Law.

I certify that I am a prescribed person for the purposes of that Ordinance.

I certify that I am not an attorney, the spouse or civil partner of an attorney, or a child of an attorney under that person's lasting power of attorney for health and welfare matters.

Signed

Date

Form X2 Certificate of lack of capacity
(only to be used for the purposes of activating Lasting Powers of Attorney for Property and Financial Affairs)

1. Name of person assessed (forename and surname)	
2. Date of birth	
3. Address	
4. Date of capacity assessment	
5. Name of assessor (forename and surname)	
6. Address This can include a business address	
7. Profession of assessor	
8. Name and address of body with which the assessor is registered in order to practise in that profession	
9. Registration details of assessor	

I certify that I have verified the identity of:

(insert name of person assessed), having seen the following identification:

(insert type and details of identification seen).

On the basis of my capacity assessment, I am satisfied that:

(insert name of person assessed)
 no longer has capacity in relation to property and financial affairs such that it is appropriate that the lasting power of attorney is activated.



I attach my capacity assessment. I have undertaken this assessment in accordance with:

- the Capacity (Bailiwick of Guernsey) Law, 2020,
- the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022, and
- the Code of Practice issued under that Law.

I certify that I am a prescribed person for the purposes of that Ordinance.

I certify that I am not an attorney, the spouse or civil partner of an attorney, or a child of an attorney under that person's lasting power of attorney for health and welfare matters.

Signed

Date



Form Z1 Activation of Lasting Power of Attorney for Health and Welfare Matters

Name of Grantor (forename and surname)	
Date of birth	
Address	
LPA Registration number	
LPA Date of registration	

Certification	
Name of assessor (forename and surname)	
Address of assessor	
Profession of assessor	
Registration details of assessor	
Date of certificate	

I certify that:	
<ul style="list-style-type: none">- on the basis of the capacity assessment identified above, I reasonably believe that P no longer has capacity in relation to health and welfare matters, such that it is appropriate that the lasting power of attorney is activated and- I am not aware of any circumstances in which the prescribed certificate was completed that lead me to believe that this form should not be completed.	
Name (forename and surname) on behalf of HM Greffier	
Signed	
Date of activation of LPA	

This certificate only relates to the Lasting Power of Attorney with the registration number above



Form Z2 Activation of Lasting Power of Attorney for Property and Financial Affairs

Name of Grantor (forename and surname)	
Date of birth	
Address	
LPA Registration number	
LPA Date of registration	

Certification	
Name of assessor (forename and surname)	
Address of assessor	
Profession of assessor	
Registration details of assessor	
Date of certificate	

I certify that: <ul style="list-style-type: none">- on the basis of the capacity assessment identified above, I reasonably believe that P no longer has capacity in relation to property and financial affairs such that it is appropriate that the lasting power of attorney is activated, and- I am not aware of any circumstances in which the prescribed certificate was completed that lead me to believe that this form should not be completed.

Name (forename and surname) on behalf of HM Greffier	
Signed	
Date of activation of LPA	

This certificate only relates to the Lasting Power of Attorney with the registration number above

Form C1: Amendments to a Lasting Power of Attorney (LPA) for Health and Welfare matters

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of birth	Phone number

This form will amend a Lasting Power of Attorney for Health and Welfare matters	You should only fill out the relevant part of the form which you wish to amend. Please tick the box next to the section which you want to amend
---	---

Health and Welfare	
(a) Attorneys	<input type="checkbox"/>
If you wish to ADD an Attorney, tick the box and fill in the relevant details below If you ADD an attorney, that person MUST sign Part 2 of this document	<input type="checkbox"/>
Name of additional Attorney (1) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of additional Attorney (2) [forename and surname]	
---	--

Lasting Power of Attorney

(This is the person who will ALSO be able to make decisions on your behalf)	
Date of birth	
Address	Email address

If you wish to REMOVE an Attorney, tick the box and fill in the details of that Attorney to be removed below	<input type="checkbox"/>
Name of Attorney to be removed (1) [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney to be removed (2) [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement attorneys	<input type="checkbox"/>
If you wish to ADD a replacement attorney, tick the box and fill in the relevant details below	<input type="checkbox"/>
If you ADD a replacement attorney, that person MUST sign Part 2 of this document	

Name of additional replacement Attorney (1) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

If you wish to REMOVE a replacement attorney, tick the box and fill in the details of that replacement attorney to be removed below	<input type="checkbox"/>
Name of replacement Attorney (1) to be removed [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

Name of replacement Attorney (2) to be removed [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	
Address	Email address

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c) How can your attorneys act?	
If you wish to amend this section, tick the box and circle the choice which you NOW wish to make	<input type="checkbox"/>
Jointly and severally (Please circle below) YES / NO	If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.
Jointly (Please circle below) YES / NO	If appointed jointly: Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court. Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney
Jointly for some decisions and severally for others (Please circle below) YES / NO	If appointed jointly for some decisions and severally for others: Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important. Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any

	of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.
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d) Life sustaining treatment decisions	
<p>If you wish to amend this section, tick the box and then delete the relevant Option which you DO NOT now wish to make</p>	<input type="checkbox"/>
<p>You must choose whether you are willing to allow your attorney(s) to make decisions about life-sustaining treatment at a time when you no longer have capacity to make this decision for yourself. Life-sustaining treatment means care, surgery, medicine or other help from doctors that is needed to keep you alive, for example:</p> <ul style="list-style-type: none"> - a serious operation, such as a heart bypass or organ transplant - cancer treatment - artificial nutrition or hydration (food or water given other than by mouth). <p>Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that doesn't go as planned.</p> <p>Please delete as appropriate</p>	<p>If you give your attorney(s) the right to make this decision, the attorney can decide whether you receive or do not have the specified treatment, in the same way that you would have done, when you still had capacity to decide. This means that your attorney can decide to refuse life sustaining treatment if they do not consider that it is in your best interests to have this. Your attorney should act in your best interests and in line with your wishes and views. It is advisable therefore to make sure that you talk with your attorneys about your wishes and views so that they can follow these.</p>
<p>Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.</p>	<p>Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. If you choose this option, your doctors will consider the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.</p>

e) Instructions, wishes or preferences	
<p>If you wish to amend this section, tick the box and set out your instructions, wishes or preferences IN FULL. This wording will REPLACE any previous section e) <input type="checkbox"/></p> <p><i>You should include any restrictions on managing your property and finances whilst you still retain capacity. You should also list the decisions your attorneys should make jointly and agree unanimously on. The wording you use is important.</i></p>	

Please include any instructions, wishes or preferences for your attorneys.

You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.

If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

f) Restrictions and conditions

If you wish to amend this section, tick the box and set out any restrictions or conditions **IN FULL**. This wording will **REPLACE** any previous section f)

Are there any decisions that the attorney/s cannot make?

Please specify here:

[Empty rectangular box for notes or attachments]

g) Advanced care planning

If you wish to attach an advanced care plan or advanced decision to refuse treatment to your Lasting Power of Attorney, you are not required to amend that Lasting Power of Attorney. However, you should request that the plan or decision is attached to it.

Please continue over the page to sign the Declaration

Declaration

Everyone signing this form must read this information

This instrument amends a Lasting Power of Attorney for Health and Welfare Matters for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your additional attorneys and your additional replacement attorneys must sign this form. You must give accurate information to the best of your knowledge and belief.

By signing this form, you (the grantor) are amending your Lasting Power of Attorney, which allows your attorneys to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data will be processed by HM Greffier, the Committee for Health and Social Care, Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 for safeguarding processes.

I confirm all of the following:

- I have read the amendments to this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (*Tick this box if this is correct*)
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their relevant duties for the purposes of the Law and LPA Ordinance

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this declaration, any additional Attorneys or additional replacement Attorneys should sign on the next page

For all additional Attorneys and additional replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read the original Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out in Part 3 and also set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and to act in accordance with the authority I have been given; and
- I confirm that I **am eligible** to act as an attorney for the purposes of a Lasting Power of Attorney for Health and Welfare matters.

You must give accurate information to the best of your knowledge and belief.

Name and Signature of additional Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Any information noted by HM Greffier in relation to this form

To be endorsed by HM Greffier when the amendment is registered:

Form C2: Amendments to a Lasting Power of Attorney (LPA) for Property and Financial Affairs

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of birth	Phone number

This form will amend a Lasting Power of Attorney for Property and Financial Affairs.	You should only fill out the relevant part of the form which you wish to amend. Please tick the box next to the section which you want to amend.
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Property and Financial Affairs	
(a) Attorneys	<input type="checkbox"/>
If you wish to ADD an Attorney, tick the box and fill in the relevant details below If you ADD an attorney, that person MUST sign Part 2 of this document	<input type="checkbox"/>
Name of additional Attorney (1) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of additional Attorney (2) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf)	
Date of birth	
Address	Email address

If you wish to REMOVE an Attorney, tick the box and fill in the details of that Attorney to be removed below	<input type="checkbox"/>
Name of Attorney to be removed (1) [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf)	
Date of birth	
Address	Email address

Name of Attorney to be removed (2) [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf)	
Date of birth	
Address	Email address

b) Replacement attorneys	<input type="checkbox"/>
If you wish to ADD a replacement attorney, tick the box and fill in the relevant details below	<input type="checkbox"/>

<p>If you ADD a replacement attorney, that person MUST sign Part 2 of this document</p>	
<p>Name of additional replacement Attorney (1) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf if the named attorneys are no longer able to act for you)</p>	
<p>Date of birth</p>	
<p>Address</p>	<p>Email address</p>

<p>Name of replacement Attorney (2) [forename and surname] (This is the person who will ALSO be able to make decisions on your behalf if the named attorneys are no longer able to act for you)</p>	
<p>Date of birth</p>	
<p>Address</p>	<p>Email address</p>

<p>If you wish to REMOVE a replacement attorney, tick the box and fill in the details of that replacement attorney to be removed below</p>	<p><input type="checkbox"/></p>
<p>Name of replacement Attorney (1) to be removed [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf if the named attorneys are no longer able to act for you)</p>	
<p>Date of birth</p>	
<p>Address</p>	<p>Email address</p>

<p>Name of replacement Attorney (2) to be removed [forename and surname] (This is the person who will NO LONGER be able to make decisions on your behalf if the named attorneys are no longer able to act for you)</p>	
<p>Date of birth</p>	
<p>Address</p>	<p>Email address</p>

<p>c) How can your attorneys act?</p>	
<p>If you wish to amend this section, tick the box and circle the choice which you NOW wish to make</p>	<p><input type="checkbox"/></p>
<p>Jointly and severally (Please circle below)</p> <p>YES / NO</p>	<p>If appointed jointly and severally:</p> <p>Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p>YES / NO</p>	<p>If appointed jointly:</p> <p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court. Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p>YES / NO</p>	<p>If appointed jointly for some decisions and severally for others:</p> <p>Attorneys must agree unanimously on some decisions but can make others on their own.</p>

	<p>If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you’ve said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.</p>
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d) Can the attorney(s) use the LPA with your agreement whilst you still have capacity to manage your property and financial affairs?	
If you wish to amend this section, tick the box and then circle the choice which you NOW wish to make	<input type="checkbox"/>
<p>(Please circle below)</p> <p>If you circle ‘YES’ your attorney can still only act with your agreement</p> <p>If you circle ‘NO’ your attorney can only act after you lose capacity to manage your financial affairs and the LPA has been activated</p> <p style="text-align: center;">YES / NO</p>	<p>This may be useful if you need your attorneys to go the bank for you, or to manage your affairs whilst you are away on holiday.</p>

e) Instructions, wishes or preferences	
<p>If you wish to amend this section, tick the box and set out your instructions, wishes or preferences IN FULL. This wording will REPLACE any previous section e) <input type="checkbox"/></p> <p><i>You should include any restrictions on managing your property and finances whilst you still retain capacity. You should also list the decisions your attorneys should make jointly and agree unanimously on. The wording you use is important.</i></p>	
<p>Please include any instructions, wishes or preferences for your attorneys.</p> <p>You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.</p> <p>If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.</p> <p>Please write your instructions here:</p>	

f) Restrictions and conditions

If you wish to amend this section, tick the box and set out any restrictions or conditions you wish to apply IN FULL. This wording will REPLACE any previous section f)

Are there any decisions that the attorney/s cannot make?

Please specify here:

Please continue over the page to sign the Declaration

Declaration

Everyone signing this form must read this information

This instrument amends a Lasting Power of Attorney for Property and Financial Affairs for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your additional attorneys and your additional replacement attorneys must sign this form. You must give accurate information to the best of your knowledge and belief.

By signing this form, you (the grantor) are amending your Lasting Power of Attorney, which allows your attorneys to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data will be processed by HM Greffier, the Committee for Health and Social Care, Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 for safeguarding processes.

I confirm all of the following:

- I have read the amendments to this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and the relevant safeguarding body in carrying out their relevant duties for the purposes of the Law and LPA Ordinance

Signed (Grantor)	
Date	

Witnessed by (forename and surname) This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this declaration, any additional Attorneys or additional replacement Attorneys should sign the next page

Lasting Power of Attorney

For all additional Attorneys and additional replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read the original Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out in Part 3 and also set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and to act in accordance with the authority I have been given; and
- I confirm that I **am eligible** to act as an attorney for the purposes of a Lasting Power of Attorney for Property and Financial matters.

You must give accurate information to the best of your knowledge and belief.

Name and Signature of additional Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional replacement Attorney (1)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Name and Signature of additional replacement Attorney (2)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

Any information noted by HM Greffier in relation to this form

To be endorsed by HM Greffier when the amendment is registered:

Form S1 Suspension of Lasting Power of Attorney for Health and Welfare Matters

Name of Grantor (forename and surname)	
Date of birth	
Address	
LPA Registration number	
LPA Date of registration	

Name of Attorney (forename and surname)	
Address	
E-mail address	
Phone number	

I, the Attorney named above, hereby notify HM Greffier that the Grantor has regained capacity such that it is appropriate that the lasting power of attorney is suspended.

I attach the prescribed certificate (Form S3) completed by the prescribed person, along with the capacity assessment carried out by that person.

I certify that I immediately:

- ceased to act in accordance with the above lasting power of attorney, and
- notified any other attorney(s) that they must immediately cease to act in accordance with the above lasting power of attorney.

Signed by Attorney	
Date	

Form S2 Suspension of Lasting Power of Attorney for Property and Financial Affairs

Name of Grantor (forename and surname)	
Date of birth	
Address	
LPA Registration number	
LPA Date of registration	

Name of Attorney (forename and surname)	
Address	
E-mail address	
Phone number	

I, the Attorney named above, hereby notify HM Greffier that the Grantor has regained capacity such that it is appropriate that the lasting power of attorney in relation to property and financial affairs is suspended.

I attach the prescribed certificate (Form S4) completed by the prescribed person, along with the capacity assessment carried out by that person.

I certify that I immediately:

- ceased to act in accordance with the above lasting power of attorney, and
- notified any other attorney(s) that they must immediately cease to act in accordance with the above lasting power of attorney.

Signed by Attorney	
Date	

Form S3 Certificate of capacity

(only to be used for the purposes of suspending Lasting Powers of Attorney for Health and Welfare matters)

1. Name of person assessed (forename and surname)	
2. Date of birth	
3. Address	
4. Date of capacity assessment	
5. Name of assessor (forename and surname)	
6. Address This can include a business address	
7. Profession of assessor	
8. Name and address of body with which the assessor is registered in order to practise in that profession	
9. Registration details of assessor	

I certify that I have verified the identity of:

(insert name of person assessed), having seen the following identification:

(insert type and details of identification seen).

On the basis of my capacity assessment, I am satisfied that:

(insert name of person assessed)
 has capacity in relation to health and welfare matters such that it is appropriate that that person's lasting power of attorney is suspended.

I attach my capacity assessment. I have undertaken this assessment in accordance with:

- the Capacity (Bailiwick of Guernsey) Law, 2020,
- the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022, and
- the Code of Practice issued under that Law.

I certify that I am a prescribed person for the purposes of the Ordinance.

I certify that I am not an attorney, the spouse or civil partner of an attorney, or a child of an attorney under that person's lasting power of attorney for health and welfare matters.

Signed

Date

Form S4 Certificate of capacity
(only to be used for the purposes of suspending Lasting Powers of Attorney
for Property and Financial Affairs)

1. Name of person assessed (forename and surname)	
2. Date of birth	
3. Address	
4. Date of capacity assessment	
5. Name of assessor (forename and surname)	
6. Address This can include a business address	
7. Profession of assessor	
8. Name and address of body with which the assessor is registered in order to practise in that profession	
9. Registration details of assessor	

I certify that I have verified the identity of:

(insert name of person assessed), having seen the following identification:

(insert type and details of identification seen).

On the basis of my capacity assessment, I am satisfied that:

(insert name of person assessed)
has capacity in relation to property and financial affairs such that it is appropriate
that the lasting power of attorney is suspended.

I attach my capacity assessment. I have undertaken this assessment in accordance with:

- the Capacity (Bailiwick of Guernsey) Law, 2020,
- the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the Ordinance"), and
- the Code of Practice issued under that Law.

I certify that I am a prescribed person for the purposes of that Ordinance.

I certify that I am not an attorney, the spouse or civil partner of an attorney, or a child of an attorney under that person's lasting power of attorney for property and financial affairs.

Signed

Date

Form W1 Revocation (Health and Welfare LPA)

Name of Grantor (forename and surname)	
Date of Birth	
Address	
LPA Registration Number	
LPA Date of registration	

I hereby revoke the above Lasting Power of Attorney for Health and Welfare matters.

I understand that by revoking this Lasting Power of Attorney, it cannot be used by my attorneys to make decisions about my health and welfare when I cannot act for myself because I lack capacity.

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

For HM Greffier	Documents seen (details):
	Passport
	Driving Licence
	ID Document
	Birth Certificate

I reasonably believe, to the best of my abilities, that _____

- has capacity to revoke the lasting power of attorney and apply to register this form,
- has not been put under undue pressure to revoke the lasting power of attorney or to apply to register this form.

Lasting Power of Attorney

Signed: _____

Name: _____ Date: _____

Note:

HM Greffier may cause enquiries to be made and/or refuse to revoke the Lasting Power of Attorney if not satisfied of the matters set out above.

Form W2 Revocation (Property and Financial Affairs LPA)

Name of Grantor (forename and surname)	
Date of Birth	
Address	
LPA Registration Number	
LPA Date of registration	

I hereby revoke the above Lasting Power of Attorney for Property and Financial Affairs.

I understand that by revoking this Lasting Power of Attorney, it cannot be used by my attorneys to make decisions about my health and welfare where I have given them authority to do so before I lack capacity or when I cannot act for myself because I lack capacity.

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
Signature	
Date	

For HM Greffier	Documents seen (details): Passport Driving Licence ID Document Birth Certificate
------------------------	---

I reasonably believe, to the best of my abilities, that _____

- has capacity to revoke the lasting power of attorney and apply to register this form,

- has not been put under undue pressure to revoke the lasting power of attorney or to apply to register this form.

Signed: _____

Name: _____ Date: _____

Note:

HM Greffier may cause enquiries to be made and/or refuse to revoke the Lasting Power of Attorney if not satisfied of the matters set out above.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations make provision, for the purpose of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the Ordinance"), for documents, information and persons to be prescribed by the Committee for Health & Social Care. In addition, the Regulations set out the prescribed requirements for an attorney to disclaim an attorneyship and the service provisions in relation to documents.

These Regulations come into force on the 1st day of April 2022.

