



YOUR LASTING POWER OF ATTORNEY
CLIENT QUESTIONNAIRE

If you would like to create a Lasting Power of Attorney (“LPA”) to deal with your Property and Affairs, or your Welfare issues we will need details for four lots of people:

- Yourself (although if you have already supplied this information in connection with your Will, we don’t need it again);
- Your attorney(s);
- A certificate provider (this person confirms that you have understood the LPA and have made it of your own free will – we can do this for you if we are not attorneys; otherwise your certificate provider will have to attend our office when you sign your LPA)
- Up to five people to be notified that the LPA is to be registered (this is a safeguard for you – these people do not have to take any action unless they think there is something wrong)

More details are set out below. Please complete this questionnaire as fully as possible before you see us. We will go through it with you, discuss your wishes and then prepare your Lasting Power of Attorney document for you to sign.

Our contact details are as follows:

HHB LAW
Grosvenor House,
45 The Downs
Altrincham
WA14 2QG

Tel: 0161 928 7136

1. You

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

Have you ever been known by any other name (e.g maiden name or former married name)? If so, please give full details below

.....
.....

2. Your attorneys

You may choose as many attorneys as you like to act for you (although we would not recommend more than four). Please provide details of your chosen attorneys

First attorney

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

Second attorney

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

Third attorney

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

Replacement attorney

You may choose a replacement attorney to act in case your chosen attorney(s) is unable to act for you. If you would like a replacement attorney please provide details below:

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

3. Persons to notify before the registration of the LPA

The LPA cannot be used until it has been registered with the Office of the Public Guardian (‘OPG’). Before registration one to five people must be notified that an application to register is being made; they do not have to be relatives of yours.

First person to notify

Forenames:	Surname:
Address:	
.....	
Postcode:	
Telephone Number:	Email Address:
Date of Birth:	Occupation:

Second person to notify

Forenames:		Surname:	
Address:			
.....			
Postcode:			
Telephone Number:		Email Address:	
Date of Birth:		Occupation:	

Third person to notify

Forenames:		Surname:	
Address:			
.....			
Postcode:			
Telephone Number:		Email Address:	
Date of Birth:		Occupation:	

4. Certificate Provider

You must choose a Certificate Provider to confirm that you understand the LPA you are making and that you are making it of your own free will. This must be someone different from your attorney(s) or the person (or people) who are to be notified of the registration. We can act as the Certificate Provider if you wish provided you have not chosen anyone from our office to be your attorney. Please note that you cannot choose a member of your family or anyone connected with a care home in which you may be living.

You can choose someone who has known you for two years or someone who has professional skills such as a GP, or a solicitor. If your certificate provider is not someone who is familiar with LPAs then usually he or she will have to attend our office with you when you come to sign the LPA.

Certificate Provider

Forenames:		Surname:	
Address:			
.....			
Postcode:			
Telephone Number:		Email Address:	
Date of Birth:		Occupation:	

5. Second Certificate Provider

If you do not name anyone to be notified of registration of the LPA then you need to nominate a second Certificate Provider. If this applies, please provide details below

Forenames:		Surname:	
Address:			
.....			
Postcode:			
Telephone Number:		Email Address:	
Date of Birth:		Occupation:	