

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 ready for you to sign. Details of our firm, and your appointment if made, are set out below.

Larcomes LLP Solicitors
168 London Road
North End
Portsmouth
Hampshire PO2 9DN

Tel: 023 9244 8100
Fax: 023 9266 5701

Your appointment
is with: _____

Date: _____

Time: _____

PART A – YOUR DETAILS (THE DONOR)

Title _____

First Name _____

Middle Name (s) _____

Last Name _____

Any Other Names You Have Been Known By
(e.g. Maiden Name) _____

Address Line 1 _____

Line 2 _____

Town _____

County _____

Postcode _____

Telephone Number Home _____

Mobile _____

E-Mail Address _____

Date Of Birth _____ NI Number _____

Have You Made Any Other Enduring Power of
Attorney Or Lasting Power Of Attorney Yes
 No

PART B (a) – FIRST ATTORNEY’S DETAILS

Title _____

First Name _____

Middle Name (s) _____

Last Name _____

Address

Line 1 _____

Line 2 _____

Town _____

County _____

Postcode _____

Telephone Number

Home _____

Mobile _____

E-Mail Address _____

Date Of Birth _____ **Occupation** _____

What is this attorney’s relationship to you? _____

PART B (b) – SECOND ATTORNEY’S DETAILS

Title _____

First Name _____

Middle Name (s) _____

Last Name _____

Address

Line 1 _____

Line 2 _____

Town _____

County _____

Postcode _____

Telephone Number

Home _____

Mobile _____

E-Mail Address _____

Date Of Birth _____ **Occupation** _____

What is this attorney’s relationship to you? _____

PART C – REPLACEMENT ATTORNEY’S DETAILS

If you only appoint one attorney, it is important to name a replacement attorney if your nominated attorney is unable to act.

Title _____

First Name _____

Middle Name (s) _____

Last Name _____

Address

Line 1 _____

Line 2 _____

Town _____

County _____

Postcode _____

Telephone Number

Home _____

Mobile _____

E-Mail Address _____

Date Of Birth _____ **Occupation** _____

What is this attorney’s relationship to you? _____

PART D

How would you like your attorney(s) to act for you? (please see information sheet for guidance)

(a) There is only one attorney appointed

(b) attorneys appointed together and independently

(c) attorneys appointed together

(d) attorneys appointed together in some matters and independents in others

If you have ticked box (d) which matters would you like your attorneys to act in together and which matters would you like them to act together and independently in?

Is there any guidance you would like your attorney (s) to consider?

Line 2 _____
Town _____
County _____
Postcode _____
Telephone Number Home _____
Mobile _____
E-Mail Address _____

PART E (c) – THIRD NAMED PERSON WHO IS TO BE NOTIFIED

Title _____
First Name _____
Middle Name (s) _____
Last Name _____
Address Line 1 _____
Line 2 _____
Town _____
County _____
Postcode _____
Telephone Number Home _____
Mobile _____
E-Mail Address _____

PART E (d) – FOURTH NAMED PERSON WHO IS TO BE NOTIFIED

Title _____
First Name _____
Middle Name (s) _____
Last Name _____
Address Line 1 _____
Line 2 _____
Town _____
County _____

