

<b>INFORMATION REQUIRED FOR PREPARATION OF ENDURING POWERS OF ATTORNEY</b>	
<p>An Enduring Power of Attorney is the document by which you appoint a person or persons to handle your legal and financial affairs whilst you are alive but incapacitated by mental or physical infirmity or are out of the Date/Country for a length of time during which a legal or financial matter needs immediate attention.</p> <p>An Attorney cannot transfer your assets to themselves or a direct relative of the Attorney.</p> <p>It would be usual for you to appoint your spouse as the principal Attorney for you, but you should consider the appointment of a substitute Attorney if your spouse is himself/ herself incapacitated or out of the State /Country.</p>	
<b>First Appointor's Details</b>	
Full Name of Appointor:	
Address of Appointor:	
General appointment or limited to declaration of incapacity?	
General: Yes/No	Incapacity: Yes/No
<b>Previous Power of Attorney or Enduring Power of Attorney to be revoked?</b>	
Yes/No	
If yes, name of Attorney:	
If registered, Registration No:	
Full Name of Attorney:	
Address of Attorney:	
<b>Attorney's Details</b>	
Full Name of Principal Attorney:	
Address of Attorney:	
Relationship to you:	
Full Name of 2 <sup>nd</sup> Principal (if desired to act jointly with Principal Attorney):	
Address of 2 <sup>nd</sup> Principal Attorney:	
Relationship to you:	
Full Name of Substitute Attorney:	
Address of Substitute Attorney:	
Relationship to you:	

Full name of 2 <sup>nd</sup> Substitute Attorney (if desired to act jointly and severally with 2 <sup>nd</sup> Substitute Attorney):	
Address of Substitute Attorney:	
Relationship to you:	
<b>Second Appointor's Details</b>	
Full Name of Appointor:	
Address of Appointor:	
General appointment or limited to declaration of incapacity?	
General: Yes/No	Incapacity: Yes/No
<b>Previous Power of Attorney or Enduring Power of Attorney to be revoked</b>	
Yes/No	
If yes, name of Attorney:	
If registered, Registration No:	
Full Name of Attorney:	
Address of Attorney:	
<b>Attorney's Details</b>	
Full Name of Principal Attorney:	
Address of Attorney:	
Relationship to you:	
Full Name of 2 <sup>nd</sup> Principal Attorney (if desired to act jointly with Principal Attorney):	
Address of 2 <sup>nd</sup> Principal Attorney:	
Relationship to you:	
Full Name of Substitute Attorney:	
Address of Substitute Attorney:	
Relationship to you:	
Full Name of 2 <sup>nd</sup> Substitute Attorney (if desired to act jointly and severally with 2 <sup>nd</sup> Substitute Attorney):	
Address of Substitute Attorney:	
Relationship to you:	
<i>End</i>	