

Client Questionnaire

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.

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Tel: 023 9244 8100
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Sent by:

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

Please tick which type of Lasting Power of Attorney
you wish to make:

Property & Affairs
Health & Welfare

-
-

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?

Are there any restrictions that you would like to place on the registration of the LPA? E.g. that the LPA cannot be registered until a doctor's letter confirming that you no longer have capacity is received and sent to the OPG along with the application

Would you like to pay your attorney (s)? Bear in mind that they are able to claim out of pocket expenses

PART E (a) – FIRST 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 (b) – SECOND 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 (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 _____

Postcode _____

Telephone Number Home _____

Mobile _____

E-Mail Address _____

PART E (f) – FIFTH 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 _____

REGISTRATION FEE EXEMPTION

Are you in receipt of any of the following means tested benefits? Yes

If yes, please provide details below No

- Income Support
- Income based Employment and Support Allowance
- Income based Job Seeker's Allowance
- Pension Guarantee Credit element of State Pension Credit
- A combination of Working Tax Credit and either Child Tax Credit, Disability Element Working Tax Credit or Severe Disability Element (within the Working Tax Credit). This does not include Disability Living Allowance or Invalidity Benefit
- Housing Benefit or Council Tax Benefit (not the 25% single person reduction)

REMISSION (Registration Fee £65)

Is your gross annual income below £12,000? Yes

If yes, please provide details below No