SUPREME COURT
FALKLAND ISLANDS
Court of Protection
Enduring Powers of Attorney Act

EP2 APPLICATION FOR REGISTRATION

For court office use:	
Case Reference:	**SC/CIV/**
Date Filed:	

1. ABOUT THE DONOR			
Full Name:			
Address:			
Address on the Enduring Power of Attorney *(if different)*			
2. ABOUT THE ATTORNEY(S)			
Attorney 1			
Full Name:			
Address:			
Email Address:			
Age:		Occupation:	
Relationship to the donor (if any)			
Attorney 2			
Full Name:			
Address:			
Email Address:			
Age:		Occupation:	
Relationship to the donor (if any)			

Note

Give the full name and present address of the donor. If the donor's address on the enduring power of attorney is different, give that one too.

Note

Give the full name(s) and details of the attorney(s)

2. ABOUT THE ATTORNEY(S) *continued*

Attorney 3

Full Name:			
Address:			
Email Address:			
Age:		Occupation:	
Relationship to the donor (if any)			

3. THE APPLICATION

[I] [we] the attorney(s) apply to register the enduring power of attorney made by donor under the Enduring Powers of Attorney Act 1985 on , the original of which accompanies this application.

[I] [We] have reason to believe that the donor is or is becoming mentally incapable.

Note

The date is the date upon which the donor signed the enduring power of attorney.

4. NOTICE

[I] [We] have given notice in the prescribed form to the following:

The donor personally at:	
On the:	

Note

Notice must be personally given. It should be made clear if someone other than the attorney(s) gives the notice.

The following relatives of the donor at the addresses below on the dates given:

Name	Relationship	Address	Date

Note

If there are no relatives entitled to notice please say so.

4. NOTICE *continued*	
The Co-Attorney(s)	
At:	
On:	

Note

Cross out this section if it does not apply.

5. CERTIFICATION & SIGNATURE

[I] [We] certify that the above information is correct and that to the best of [my] [our] knowledge and belief [I] [we] have complied with the provisions of the Enduring Powers of Attorney Act 1985 and of all the Rules and Regulations under it.

Signed:	*Attorney 1*	Dated:	
Signed:	*Attorney 2*	Dated:	
Signed:	*Attorney 3*	Dated:	

Note

The application should be signed by all the attorneys who are making the application.

Note

This must not pre-date the date(s) when the notices were given.

Address to which correspondence relating to the application is to be sent if different to that of Attorney 1:	
Postal address:	
Email address:	