**ENDURING POWER OF ATTORNEY (EPA) INSTRUCTION SHEET**

**When asked for names, please provide full names (no initials)**

**Each person to execute a separate Instruction Sheet**

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| **DESCRIPTION** | **DETAILS** |
| 1. **Full name and address of person granting the Power of Attorney (Grantor)**
 | **Full Name of Grantor:** **Address of Grantor:** |
| 1. **Full Names and addresses of persons to be appointed as the main attorneys.(Please complete details for at least Attorney 1)You can only appoint two attorneys at the most.The attorney must be over 18 years.**
 | **Full Name of Main Attorney 1:****Address of Main Attorney 1:****Relationship of Main Attorney 1 to the Grantor:****Full Name of Main Attorney 2:****Address of Main Attorney 2:****Relationship of Main Attorney 2 to the Grantor:** |
| 1. **If more than one main attorney, is the appointment joint or joint and several?**
 | **[ ]  Joint** – both attorneys must act together**[ ]**  **Joint and Several** – the attorneys may act separately |
| 1. **Full Names and addresses of persons to be appointed as the substituted attorneys.The appointing of the substituted attorneys is optional but subject to a maximum of 2 attorneys. The attorney must be over 18 years.**
 | **Full Name of Substituted Attorney 1:****Address of Substituted Attorney 1:****Relationship of Substituted Attorney 1 to the Grantor:****Full Name of Substituted Attorney 2:****Address of Substituted Attorney 2:****Relationship of Substituted Attorney 2 to the Grantor:** |
| 1. **If more than on substituted attorney, is the appointment joint or joint and several?**
 | **[ ]  Joint** – all attorneys must act together**[ ]**  **Joint and Several** – the attorneys may act separately |
| 1. **When will the power of attorney take effect?**
 | **[ ]  Immediately** (preferable)**[ ]**  **Only during any period when** a declaration by the State Administrative Tribunal that **the Grantor does not have legal capacity** is in force under section 106 of the Guardianship and Administration Act 1990 (**highly discouraged**) |
| 1. **Are there any (other) special conditions or restrictions you may wish to impose on to the powers to be exercised by the attorneys?**
 |                                                    |
| 1. **Would you like your EPA to be registered with Landgate?\*Recommended if you have an interest in property or land or are likely to acquire such an interest.A Landgate fee applies.**
 | **[ ]  Yes****[ ]**  **No** |
| 1. **Extra details, comments or queries**
 |                                                    |