

## Resignation by an acting attorney appointed under a lasting power of attorney

Donor details (the person who made the lasting power of attorney)

Title	First names	Surname	
Address			
Postcode			
Telephone number			
Email			

## To the donor

You have received this notice because:

- You made a lasting power of attorney (LPA)
- You chose the person named on page 2 (the "retiring attorney") as an attorney for that LPA
- That person now wishes to give up their role as an attorney (resigning their appointment).

## About the lasting power of attorney (LPA)

What type of LPA is it?				
☐ Health and welfare ☐ Property and affairs				
When was the LPA registered by the Judicial Greffe?				
The retiring attorney details				
Title First names Surname				
Address				
Postcode				
Telephone number				
Email				
Signature and date				
I resign my appointment as attorney under the lasting power of attorney made by the donor named on this form. I will send copies of this form to any other attorneys named on the lasting power of attorney and to the Judicial Greffe				
Attorney's signature				
Print Attorney's name				
Date (dd/mm/yyyy)				

## Notes for the person completing this form

When you have completed and signed this form:

- Send the original form to the donor
- Send a copy of this form to any other attorneys that were named in the LPA
- If you are the only attorney, send a copy of the form to any replacement attorneys named in the LPA
- Send a copy of this form to the Judicial Greffe
- Send any copies of the LPA that you have to the Judicial Greffe