

Enduring power of attorney – declarations and signatures

Note: The notes in this form are provided by way of guidance only and do not constitute a statement of the law or the provisions under the Assisted Decision-Making (Capacity) Act 2015 (as amended) or any ancillary or related legislation.

1. Declarations and signature of donor

Note: This section is completed by the person appointing the attorney(s) (the 'donor') under the enduring power of attorney. This section must be completed in front of the attorney(s) and witnesses in section 2. The donor can direct another person to sign the enduring power of attorney on their behalf if they are physically unable to sign the instrument.

I Joan Smith,

- appoint the following person(s) as my attorney(s) under this enduring power of attorney EPA-2023-0000000-001:
 - Tom Smith
- appoint the following person(s), if any, as my replacement attorney(s) in the event that my attorney(s) is no longer able to act in the role for any reason:
 - No replacement attorney(s) appointed
- understand the implications of creating this enduring power of attorney
- intend this enduring power of attorney to be effective at any subsequent time when I lack capacity in relation to one or more of the decisions included in this enduring power of attorney
- understand that I can vary or revoke the enduring power of attorney in writing, while I have capacity to do so, until the Director of the Decision Support Service accepts notification of the enduring power of attorney by my attorney(s)
- understand that my attorney(s) will obtain and use relevant information on my behalf in accordance with their functions as specified in the enduring power of attorney.

Signed: <i>Joan Smith</i>	Date: 25/04/2023
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Note: It is an offence to knowingly provide a false or misleading statement

This part of the declaration should only be completed if the donor is physically unable to sign the instrument.

Where the donor is physically unable to sign the agreement, it may be signed on behalf of the donor, by a person over the age of 18, who is not a witness to the agreement.

Name:	
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Note: For use only in accordance with the Assisted Decision-Making (Capacity) Act 2015 (as amended). Penalties may apply for giving false or misleading information.

Date of birth:	
Email address:	

In the presence of the donor, they have directed me to sign this enduring power of attorney on their behalf:

Signed:		Date:	
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2. Witness statement

Note: This section is completed by the persons witnessing the declaration of the donor, or person directed by the donor, under the enduring power of attorney. At least one of the witnesses must not be an immediate family member of the donor or the attorney(s).

First witness

The first witness certifies that:

- I am not an employee or agent of any of the attorney(s) appointed in this enduring power of attorney
- the donor appeared to freely and voluntarily sign this enduring power of attorney in my presence; OR
- in my presence, the donor appeared to freely and voluntarily direct the person to sign for the donor and that person signed this enduring power of attorney in my presence and in the presence of the donor; AND
- At that time, the donor appeared to me to have decision-making capacity in relation to making this enduring power of attorney

Name of first witness:	Peter Wilson		
Date of birth:	13/09/1982		
Your relationship to the donor:	Neighbour		
Your relationship to the attorney(s):	Neighbour		
Email address:	peterwilson@exampleemail.ie		
Signed:	<i>Peter Wilson</i>	Date:	25/04/2023

Note: It is an offence to knowingly provide a false or misleading statement

Second witness

The second witness certifies that:

- I am not an employee or agent of any of the attorney(s) appointed in this enduring power of attorney
- the donor appeared to freely and voluntarily sign this enduring power of attorney in my presence; OR
- in my presence, the donor appeared to freely and voluntarily direct the person to sign for the donor and that person signed this enduring power of attorney in my presence and in the presence of the donor; AND
- At that time, the donor appeared to me to have decision-making capacity in relation to making this enduring power of attorney

Name of second witness:	Sarah Smith		
Date of birth:	21/02/1963		
Your relationship to the donor:	Cousin-in-law		
Your relationship to the attorney(s):	Cousin		
Email address:	sarahsmith@exampleemail.ie		
Signed:	<i>Sarah Smith</i>	Date:	25/04/2023

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