

**S.I. No. 196 of 1996.**

**FIRST SCHEDULE**

**Instrument creating Enduring Power of Attorney**

**Prescribed Form**

**PART A: EXPLANATORY INFORMATION**

- [Note: 1. This Part may not be omitted from the instrument.  
2. If the enduring power is to relate only to personal care decisions, the form in the Second Schedule should be used]

*Notice to donor and attorneys*

1. Following is a simplified explanation of what the Powers of Attorney Act, 1996, provides. If you need any more guidance you or your advisers will need to look at the Act itself.
2. **Do not sign this enduring power unless you understand what it means. If you are in any doubt you should obtain legal advice.**

*Effect of creating enduring power: information for donor*

3. An enduring power of attorney enables you to choose a person (called an "attorney") to manage your property and affairs in the event of your becoming mentally incapable of doing so. You may choose one attorney or more than one. If you choose more than one, you must decide whether they are to be able to act:

**jointly** (that is, they must all act together and cannot act separately),  
or

**jointly and severally** (that is, they can all act together but they can also act separately if they wish).

In Part B of this document, at the place marked [1], show what you have decided by crossing out or omitting one of the alternatives. If you do not, the attorneys are deemed to have been appointed to act jointly.

4. If you give your attorney(s) general power in relation to all your property and affairs, they will be able to deal with your money or property and may be able to sell your house.
5. If you do not want your attorney(s) to have such wide powers, you can include any restrictions you like. For example, you can include a restriction that your attorney(s) may not sell your house. Any restrictions you choose must be written or typed at the place marked [2] in Part B of this document.

6. You may authorize the attorney(s) to take certain personal care decisions on your behalf, e.g. deciding where you shall live. If you decide to do so, you should indicate, at the place marked [3] in Part B of this document, the particular personal care decisions you want to authorise. You should also name any person you would like the attorney to consult so that the attorney can have regard to that person's views as to your wishes and feelings and as to what would be in your best interests.

7. Unless you put in a restriction preventing it, your attorney(s) will be able to use any of your money or property to benefit themselves or other people by doing what you yourself might be expected to do to provide for their needs.

8. If you specifically authorise it, your attorney(s) will also be able to use your money to make gifts, but only for reasonable amounts in relation to the value of your money and property and subject to any conditions or restrictions you may impose.

9. You may also appoint an attorney or attorneys to act in the event that the original attorney is unable or unwilling to act. Provision for such an appointment is made at the place marked [4] in Part B of this document.

10. You must give notice of the execution of the enduring power as soon as practicable to at least two persons. None of them may be an attorney under the power. At least one must be the donor's spouse, if living with the donor. If the donor is unmarried, widowed or separated, notification must be given to a child of the donor (if applicable) or otherwise to any relative (i.e. parent, sibling, grandchild, widow/er of child, nephew or niece). You should give the names and addresses of those notified at the place marked [5] in Part B of this document. The prescribed form of notice is contained in the Third Schedule to the Enduring Powers of Attorney Regulations, 1996.

11. Your attorney(s) can recover the out-of-pocket expenses of acting as your attorney(s). You may provide for the attorney's remuneration as well at the place marked [6] in Part B of this document.

12. If your attorney(s) have reason in the future to believe that you have become or are becoming mentally incapable of managing your affairs, your attorney(s) must apply to have the enduring power registered in the High Court. Once registered, an enduring power of attorney cannot be revoked effectively unless the Court confirms the revocation. You may revoke the power at any time before registration.

13. Before applying for registration of this power, your attorney(s) must give written notice of intention to do so to you and to the persons you notify of the execution of the enduring power. You and these persons (if they are not then available, certain of your relatives) will be able to object if you or they disagree with registration. The prescribed form of notice is contained in the Fourth Schedule to the Enduring Powers of Attorney Regulations, 1996.

*Effect of accepting enduring power: information for attorney*

14. If you have reason in the future to believe that the donor is, or is becoming, mentally incapable of managing his or her property and affairs, you must apply to have the enduring power registered in the High Court. Before doing so you must give written notice of your intention to the Registrar of Wards of Court and also to the donor and the persons whom the donor has notified of the execution of the enduring power. (If these persons are no longer available, notice must be given to certain relatives, as specified in the Powers of Attorney Act, 1996.) The prescribed form of the latter notice is contained in the Fourth Schedule to the Enduring Powers of Attorney Regulations, 1996.

15. The enduring power will not come into force until it has been registered. However, once you have applied for registration you may take action under the power to maintain the donor and prevent loss to the donor's estate and maintain yourself and other persons in so far as that is permitted under section 6 (4) of the Act. You may also make any personal care decisions permitted under the power that cannot reasonably be deferred until the application for registration has been determined.

16. Unless there is a restriction in the enduring power preventing it, you may use the donor's money or other property for your benefit or that of other people to the following extent but no further, that is to say, by doing what the donor might be expected to do to provide for your or their needs. You may not use the donor's money to make gifts unless there is specific provision to that effect in the enduring power and then only to persons related to or connected with the donor on birth or marriage anniversaries or to charities to which the donor made or might be expected to make gifts. The amounts of any such gifts are subject to any restrictions in the enduring power and, in any event, may be only for reasonable amounts in relation to the extent of the donor's assets.

17. You are obliged to keep adequate accounts of the donor's property and affairs and to produce the accounting records to the Court if required.

18. In general, as an attorney you are in a fiduciary relationship with the donor. You must use proper care in exercising on behalf of the donor the authority given by the enduring power and you must act only within its scope. In particular, you must observe any conditions or restrictions imposed by the power and also the limits imposed by the Powers of Attorney Act, 1996.

19. You may recover the out-of-pocket expenses of acting as attorney. The enduring power may provide for remuneration for so acting.

20. You may disclaim at any time up to registration of the power. Thereafter you may do so only on notice to the donor and with the consent of the High Court.

21. After the enduring power has been registered you should notify the Registrar of Wards of Court if the donor dies or recovers.

**PART B [TO BE COMPLETED BY THE "DONOR" (THE PERSON APPOINTING THE ATTORNEY(S))]**

**Do not sign this form unless you understand what it means. If you are in any doubt you should obtain legal advice.**

[Donor's name and address

I,.....

of.....

Donor's date of birth

born on.....

Name(s) and address(es) of attorney(s)

appoint.....

See note 1 in Part A of this form.

of.....

If you are appointing only one attorney you should cross out everything between the square brackets.

[and.....

of.....

\*Delete the one which does not apply (see note 1 in Part A of this form).

[1] \*jointly

\*jointly and severally]

to act as attorney[s] for the purpose of Part II of the Powers of Attorney Act, 1996.

\*Delete the one which does not apply (see note 2 in Part A of this form).

\*with general authority to act on my behalf

If you do not want the attorney (s) to have general power, you must give details here of what authority you are giving the attorney(s).

\*with authority to do the following on my behalf:

in relation to

\*Delete the one which does not apply

\*all my property and affairs

If you choose the second alternative you must give details here of the property and affairs in relation to which the power is to apply.

\*the following property and affairs

If there are restrictions or conditions, insert them here; if not, delete these words (see note 5 in

[[2] subject to the following restrictions and conditions:]

Part A of this document).

\*[[3] and with authority to take on my behalf decisions on the following matters:

- \*where I should live
  - \*with whom I should live
  - \*whom I should see and not see
  - \*what training or rehabilitation I should get
  - \*my diet and dress
  - \*inspection of my personal papers
  - \*housing, social services and other benefits for me.]
  - \*[.....[and.....]
- should be consulted for his/her/their views as to my wishes and feelings and as to what would be in my best interests.]

\* Delete if not applicable.

[[4] I appoint.....  
of.....  
[and.....  
of.....  
\*jointly  
\*jointly and severally]

\*Delete this provision if, or to the extent, not required.

to act as attorney(s) if an attorney appointed by this instrument dies or is unable or declines to act or is disqualified from acting as attorney.]

[5] I am required to give notice of the execution of this power to at least two persons. I shall notify the following persons accordingly:

The two or more persons to be notified may not include an attorney under the power. One must be a person selected as mentioned in note 10 of Part A of this document.

.....  
of.....  
.....  
.....  
of.....  
.....  
.....

of.....  
.....

\*Delete if not applicable

\*[6] My attorney(s) may be paid the following remuneration:

.....

I intend this power to be effective during any subsequent mental incapacity of mine.

I have read or have had read to me the information in paragraphs 1 to 13 of Part A of this document.

Your signature

Date

Signature of witness

Signed by me.....

on.....

In the presence of.....

Your attorney(s) cannot be your witness. If you are married it is not advisable for your husband or wife to be your witness.]

Full name of witness.....

Address of witness.....

.....  
.....  
.....

[**Note**- Anything in this Part in square brackets is for guidance only and may be retained, deleted or omitted as appropriate.]

**PART C [TO BE COMPLETED BY THE ATTORNEY(S)]**

[This form may be adapted to provide for sealing by a trust corporation with its common seal.]

[If there are more than two attorneys attach an additional Part C.]

**Do not sign this form unless you understand what it means. If you are in any doubt you should obtain legal advice. Do not sign the form before the donor has signed Part B.**

I understand my duties and obligations as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming, mentally incapable, my limited power to use the donor's property to benefit persons other than the donor and my obligation to keep adequate accounts in relation to the management and disposal of the donor's property for production to the High Court if required.

I have read or have had read to me the information in paragraphs 1, 2 and 14 to 21 of Part A of this document.

I am not a minor or otherwise disqualified from acting as attorney.

[Individuals disqualified from acting as attorney are bankrupts, persons convicted of certain offences or disqualified under the Companies Acts or owning or connected with the management or operation of a nursing home in which the donor resides.

Signature of attorney

.....

Date

on.....

Signature of witness

in the presence of.....

Each attorney must sign the form and each signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of another.]

Full name of witness.....

Address of witness.....

.....

.....

.....

[To be completed only if there is a second attorney

[I understand my duties and obligations as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming, mentally incapable, my limited power to use the donor's property to benefit persons other than the donor and my obligation to keep adequate accounts in relation to the management and disposal of the donor's property for production to the High Court if required.

I have read or have had read to me the information in paragraphs 1, 2 and 14 to 21 of Part A of this document.

I am not a minor or otherwise disqualified from acting as attorney.

Signature of attorney

Date

Signature of witness

Each attorney must sign the form and each signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of another.]

.....  
.....  
in the presence of.....  
Full name of witness.....  
Address of witness.....]

[To be completed only if the donor is appointing a person to act as attorney if an original attorney is unable or unwilling to act

[I understand my duties and obligations if I have to act as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming, mentally incapable, my limited powers to use the donor's property to benefit persons other than the donor and my obligation to keep adequate accounts in relation to the management and disposal of the donor's property for production of the High Court if required.

I have read or have had read to me the information in paragraphs 1, 2 and 14 to 21 of Part A of this document.

Signature .....  
Date on.....  
Signature of witness] in the presence of.....  
Full name of witness.....]

[To be completed only if a second person is being so appointed

[I understand my duties and obligations if I have to act as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming, mentally incapable, my limited powers to use the donor's limited powers to use the donor's property to benefit persons other than the donor and my obligation to keep adequate accounts in relation to the management and disposal of the donor's property for production of the High Court if required.

I have read or have had read to me the information in paragraphs 1, 2 and 14 to 21 of Part A of this

Signature .....  
Date on.....  
Signature of witness] in the presence of.....  
Full name of witness.....]

[**Note** - Anything in this Part in square brackets is for guidance only and may be retained, deleted or omitted as appropriate.]

**PART D: Statement by Solicitor**

\* Delete if enquiries  
not necessary

I, .....  
Solicitor, of ..... hereby  
state that after interviewing the donor  
[and making any necessary enquiries]\*  
I am satisfied that ..... (the  
donor) understood the effect of creating the  
enduring power and I have no reason to  
believe that this document is being executed  
by the donor as a result of fraud or undue  
pressure.

Signed.....

Date.....

**Note:** This Part may not be omitted from the instrument.

**PART E: Statement by Registered Medical Practitioner**

\*Name of donor

I, .....,a registered  
medical practitioner, of .....  
hereby state that in my opinion at the time  
this document was executed by the donor  
..... had the capacity, with the  
assistance of such explanations as may have  
been given to the donor, to understand the  
effect of creating the power.

Signed.....

Date.....

*Note:* This Part may not be omitted from the instrument.

## SECOND SCHEDULE

### Instrument creating Enduring Power of Attorney (personal care decisions only)

#### Prescribed Form

#### PART A: EXPLANATORY MEMORANDUM

[*Note:* This Part may not be omitted from the instrument.]

Notice to donor and attorneys

1. Following is a simplified explanation of what the Powers of Attorney Act, 1996, provides. If you need any more guidance you or your advisers will need to look at the Act itself.

**2. Do not sign this enduring power unless you understand what it means. If you are in any doubt you should obtain legal advice.**

*Effect of creating enduring power: information for donor*

3. This form of enduring power of attorney enables you to choose a person (called an "attorney") to make certain personal care decisions on your behalf in the event of your becoming mentally incapable. You may choose one attorney or more than one. If you choose more than one, you must decide whether they are to be able to act:

**jointly** (that is, they must all act together and cannot act separately),  
or

**jointly and severally** (that is, they can all act together but they can also act separately if they wish).

In Part B of this document, at the place marked [1], show what you have decided by crossing out or omitting one of the alternatives. If you do not, the attorneys are deemed to have been appointed jointly.

4. The personal care decisions that you may authorise your attorney(s) to make on your behalf are as follows:

where you should live

with whom you should live

whom you should see and not see

what training or rehabilitation you should get

your diet and dress

inspection of your personal papers

housing, social welfare and other benefits for you.

5. You should indicate, at the place marked [2] in Part B of this document, the particular personal care decisions you want to authorise. You should also name any person you would like the attorney to consult so that the attorney can have regard to that person's views as to your wishes and feelings and as to what would be in your best interests.
6. You may also appoint an attorney or attorneys to act in the event that the original attorney is unable or unwilling to act. Provision for such an appointment is made at the place marked [3] in Part B of this document.
7. You must give notice of the execution of the enduring power as soon as practicable to at least two persons. None of them may be an attorney under the power. At least one must be the donor's spouse, if living with the donor. If the donor is unmarried, widowed or separated, notification must be given to a child of the donor (if applicable) or otherwise to any relative (i.e. parent, sibling, grandchild, widow/er of child, nephew or niece). You should give the names and addresses of those notified at the place marked [4] in Part B of this document. The prescribed form of notice is contained in the Third Schedule to the Enduring Powers of Attorney Regulations, 1996.
8. Your attorney(s) can recover the out-of-pocket expenses of acting as your attorney(s). You may provide for the attorney's remuneration, and who is to pay it, at the place marked [5] in Part B of this document.
9. If your attorney(s) have reason in the future to believe that you have become or are becoming mentally incapable of managing your affairs, your attorney(s) must apply to have the enduring power registered in the High Court. Once registered, an enduring power of attorney cannot be revoked effectively unless the Court confirms the revocation. You may revoke the power at any time before registration.
10. Before applying for registration of this power, your attorney(s) must give written notice of intention to do so to you and to the persons you notify of the execution of the enduring power. You and these persons (if they are not then available, certain of your relatives) will be able to object if you or they disagree with registration. The prescribed form of notice is contained in the Fourth Schedule to the Enduring Powers of Attorney Regulations, 1996.

*Effect of accepting enduring power: information for attorney*

11. If you have reason in the future to believe that the donor is, or is becoming, mentally incapable of managing his or her property and affairs, you must apply to have

the enduring power registered in the High Court. Before doing so you must give written notice of your intention to the Registrar of Wards of Court and also to the donor and the persons whom the donor has notified of the execution of the enduring power. (If these persons are no longer available, notice must be given to certain relatives, as specified in the Powers of Attorney Act, 1996.) The prescribed form of the latter notice is contained in the Fourth Schedule to the Enduring Powers of Attorney Regulations, 1996.

12. The enduring power will not come into force until it has been registered. However, once you have applied for registration you may make any personal care decisions permitted under the power that cannot reasonably be deferred until the application for registration has been determined.

13. Any personal decision you make on behalf of the donor must be made in the donor's best interests. Section 6 (7) (b) of the 1996 Act provides the following guidance in this respect:

"In deciding what is in a donor's best interests regard shall be had to the following:

- (i) so far as ascertainable, the past and present wishes and feelings of the donor and the factors which the donor would consider if he or she were able to do so;
- (ii) the need to permit and encourage the donor to participate, or to improve the donor's ability to participate, as fully as possible in any decision affecting the donor;
- (iii) so far as it is practicable and appropriate to consult any of the persons mentioned below, their views as to the donor's wishes and feelings and as to what would be in the donor's best interests:
  - (I) any person named by the donor as someone to be consulted on those matters;
  - (II) anyone (whether the donor's spouse, a relative, friend or other person) engaged in caring for the donor or interested in the donor's welfare;
- (iv) whether the purpose for which any decision is required can be as effectively achieved in a manner less restrictive of the donor's freedom of action,"

Section 6 (7) further provides that in the case of any personal care decision made by an attorney it shall be a sufficient compliance with this provision if the attorney reasonably believes that what he or she decides is in the best interests of the donor,

14. You may recover the out-of-pocket expenses of acting as attorney. The enduring power may provide for remuneration for so acting.

15. You may disclaim at any time up to registration of the power. Thereafter you may do so only on notice to the donor and with the consent of the High Court.

16. After the enduring power has been registered you should notify the Registrar of Wards of Court if the donor dies or recovers.

**PART B [as inserted by S.I. 287/1996]**  
[To be completed by the "DONOR" (THE PERSON  
APPOINTING THE ATTORNEY(S))]

**Do not sign this form unless you understand what it means. If you are in any doubt you should obtain legal advice.**

[Donor's name and address I,.....  
of.....  
Donor's date of birth born on.....  
Name(s) and address(es) of appoint.....  
attorney (s) of.....  
[and.....  
of.....

See note 3 in Part A of this document. If you are appointing only one attorney you should delete everything between the square brackets.

\*Delete the one which does not apply (see note 3 in Part A of this document).

[1] \*jointly  
\*jointly and severally]

to act as attorney[s] for the purpose of Part II of the Powers of Attorney Act, 1996

[2] with authority to take on my behalf decisions on the following matters:

\* Delete if not applicable.

- \*where I should live
- \*with whom I should live
- \*whom I should see and not see
- \*what training or rehabilitation I should get
- \*my diet and dress
- \*inspection of my personal papers
- \*housing, social services and other benefits for me.]

\*[.....[and.....]  
should be consulted for his/her/their views as to my wishes and feelings and as to what would be in my best interests.]

Delete this provision if, or to the extent, not required.

[[3] I appoint.....  
of.....  
[and.....  
  
of.....

\*jointly  
\*jointly and severally]

to act as attorney(s) if an attorney appointed by this instrument disclaims or dies or is unable to act or is disqualified from acting as attorney.]

[4] I am required to give notice of the execution of this power to at least two persons. I shall notify the following persons accordingly:

The two or more persons to be notified may not include an attorney under the power. One must be a person selected as mentioned in note 7 of Part A of this document.

.....  
of.....  
.....

.....  
of.....  
.....  
of.....  
.....

\*Delete if not applicable

\*[[5] My attorney(s) may be paid the following remuneration:  
.....

Name of payer

by.....]

I intend this power to be effective during any subsequent mental incapacity of mine.

I have read or have had read to me the information in paragraphs 1 to 10 of Part A of this document.

Your signature

Date

Someone must witness your signature

Your attorney(s) cannot be your witness. If you are married it is not advisable for your husband or wife to be your witness.]

Signed by me.....

on.....

In the presence of.....

Full name of witness.....

Address of witness.....

.....

.....

[**Note** - Anything in this Part in square brackets is for guidance only and may be retained, deleted or omitted as appropriate.]

**PART C [TO BE COMPLETED BY THE ATTORNEY(S)]**

[This form may be adapted to provide for sealing by a trust corporation with its common seal.]

[If there are more than two attorneys attach an additional Part C.]

**Do not sign this form unless you understand what it means. If you are in any doubt you should obtain legal advice. Do not sign the form before the donor has signed Part B.**

I understand my duties and obligations as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming, mentally incapable, and that any personal care decisions made by me on behalf of the donor must be made in the donor's best interests.

[Individuals disqualified from acting as attorney are bankrupts, persons convicted of certain offences or disqualified under the Companies Acts or owning or connected with the management or operation of a nursing home in which the donor resides.

I have read or have had read to me the information in paragraphs 1, 2 and 11 to 16 of Part A of this document.

I am not a minor or otherwise disqualified from acting as attorney.

Signature of attorney.  
Date.  
Signature of witness

.....  
.....  
in the presence of.....

Each attorney must sign the form and each signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of another.]

Full name of witness .....  
Address of witness .....  
.....  
.....  
.....]

[To be completed only if there is a second attorney

I understand my duties and obligations as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney

Act, 1996, when the donor is, or is becoming, mentally incapable, and that any personal care decisions made by me on behalf of the donor must be made in the donor's best interests. I have read or have had read to me the information in paragraphs 1,2 and 11 to 16 of Part A of this document.

See note above regarding disqualified persons.

I am not a minor or otherwise disqualified from acting as attorney.

Signature of attorney.

.....

Date

.....

Signature of witness

in the presence of.....

Each attorney must sign the form and each signature must be witnessed.

The donor may not be the witness and one attorney may not witness the signature of another.]

Full name of witness .....

Address of witness.....]

[To be completed only if the donor is appointing a person to act as attorney if an original attorney is unable or unwilling to act

[I understand my duties and obligations if I have to act as attorney, including my duty to apply to the High Court for the registration of this instrument under the Powers of Attorney Act, 1996, when the donor is, or is becoming mentally incapable, and that any personal care decisions made by me on the donor's behalf must be made in the donor's best interest. I have read or have had read to me the information in paragraphs 1,2 and 11 to 16 of Part A of this document.

See note above regarding disqualified persons.

I am not a minor or otherwise disqualified from acting as attorney

Signature

.....

Date

on.....

Signature of witness]

in the presence of.....  
Full name of witness.....  
Address of witness.....]

[To be completed only if a second person  
is being so appointed

[I understand my duties and obligations if I  
have to act as attorney, including my duty to  
apply to the High Court for the registration  
of this instrument under the Powers of  
Attorney Act, 1996, when the donor is, or is  
becoming, mentally incapable, and that any  
personal care decisions made by me on the  
donor's behalf must be made in the donor's  
best interest.I have read or have read to me  
the information in paragraphs 1,2 and 11 to  
16 of Part A of this document.

See not above regarding  
disqualified persons.

I am not a minor or otherwise disqualified  
for acting as attorney.

Signature

.....

Date

on.....

Signature of witness]

in the presence of.....

Full name of witness.....

Address of witness.....]

[**Note** - Anything is this Part in square brackets is for guidance only and may be retained,  
deleted or omitted as appropriate.]

**PART D: Statement by Solicitor**

\* Delete if enquiries not necessary.

I,..... Solicitor, of  
.....hereby state that  
after interviewing the donor [and making  
any necessary enquiries]\* I am satisfied that  
.....(the donor) understood the  
effect of creating the enduring power and I  
have no reason to believe that this document  
is being executed by the donor as a result of  
fraud or undue pressure.

Signed.....

Date.....

**Note:** This Part may not be omitted from the instrument.

**PART E: Statement by Registered Medical Practitioner**

\*Name of donor

I,....., a registered  
medical practitioner, of .....hereby  
state that in my opinion at the time this  
document was executed by the  
donor.....\* had the mental capacity,  
with the assistance of such explanations as  
may have been given to the donor, to  
understand the effect of creating the power.

Signed.....

Date.....

**Note:** This Part may not be omitted from the instrument.



*Information for recipient of notice*

1. The enduring power will not come into force until the donor is, or is becoming, mentally incapable of managing his or her property and affairs and until it has been registered in the High Court.
  
2. Notice of intention to apply for registration of the enduring power will be given to you before the attorney applies for registration.

[**Note:** The words in square brackets in the margin of the form may be omitted.]

**FOURTH SCHEDULE**  
**ENDURING POWERS OF ATTORNEY REGULATIONS, 1996**  
**Notice of intention to apply for registration**

To.....  
of.....  
.....

Name of attorney(s) TAKE NOTICE that I/we .....  
.....

Address(es) of Attorney(s)  
  
of.....  
.....  
.....  
.....

Name of donor the attorney(s) of.....  
Address of donor (hereinafter called "the donor") of.....  
.....  
.....

propose to apply to the High Court for the registration of the instrument creating the enduring power of attorney appointing me/us attorney(s) and executed by the donor on the.....19.....

1. You have 5 weeks from the date on which this notice is given to object in writing to the proposed registration of the enduring power. Objections should be sent to the Registrar of Wards of Court, Four Courts, Dublin 7 and should contain the following details:

- ( a ) your name and address,
- ( b ) if you are not the donor, the name and address of the donor,
- ( c ) any relationship to the donor,
- ( d ) the name and address of the attorney, and
- ( e ) the grounds for objecting to the registration of the enduring power.

2. You may object to the registration of the enduring power on any one or more of the following grounds:
  - (a) that the enduring power purported to have been created was not valid;
  - (b) that the enduring power is no longer a valid and subsisting power;
  - (c) that the donor is not, or is not becoming, mentally incapable;
  - (d) that, having regard to all the circumstances, the attorney is unsuitable to be the donor's attorney;
  - (e) that fraud or undue pressure was used to induce the donor to create the enduring power.

Delete this paragraph if the notice is addressed to a person other than the donor.

3. You are informed that while the enduring power remains registered you will not be able to revoke it unless and until the Court confirms the revocation.

The notice should be signed by all the attorneys who are applying to register the enduring power.

Signed .....

Signed .....

Date.....19.....

*Notice to attorney(s):*

1. This notice must be given to the donor and also to the other persons who were notified of the execution of the enduring power and are named in it.
2. If any of those persons are dead or mentally incapable or their whereabouts cannot be reasonably ascertained, the notice must be given to the other person or persons who were so notified.
3. If all of those persons are dead or mentally incapable or their whereabouts cannot be reasonably ascertained, the notice must be given to the relatives (if any) who are entitled to receive notice by virtue of paragraph 3 of the First Schedule of the Powers of Attorney Act, 1996.
4. You must also give notice to the Registrar of Wards of Court of your intention to apply to the Court for registration of the power at the same time as you are giving notice

to the donor and those other persons. A copy of each of the notices should be enclosed for the Registrar's information.

[*Note*: The words in square brackets in the margin of the form may be omitted.]