



# ALLIED PROFESSIONAL WILL WRITERS

2 Hankham Street, Hankham, Pevensey BN24 5BG 01323 741200 [info@APWW.co.uk](mailto:info@APWW.co.uk)

Dear Client

## Your Lasting Powers of Attorney

Thank you for instructing us in connection with your Legal Planning. This letter together with the attached terms and conditions of business forms the contract between us and it is important that you read both documents (and any attachments) carefully. The letter contains steps which you must take, including filling in and returning the Gatherer for Lasting Powers of Attorney (both of which are strongly recommended: Google before you decide!)

Please return the Gatherer sections (Appendix 1), Money Laundering ID (Appendix 2) together with our fee (which can be paid over the phone) if not already done. Any questions? Call 01323 741200.

## OBJECTIVES & FEES

I confirm that we expect to provide you with straightforward Lasting Powers of Attorney. At this stage we understand that your Will is in order, but we can discuss that if appropriate. See Types of Will Appendix.

On the basis of the Gatherer and subsequent discussions we will prepare Lasting Powers of Attorney based on your instructions.

Our work is complete on sending you the Lasting Powers of Attorney for signature but you are welcome to raise questions. At no extra cost we will send you the registration paperwork and assist with the process if it is started within two months, after which there would be an additional charge of £65 per person.

***Peace of Mind Service members*** pay **25% less** than the fees below.

Including VAT at 20%	One person	Two people
Property & Financial Affairs LPA	£249 or with Will £225	£474 or with Will £450
Health and Welfare LPA	£249 or with Will £225	£474 or with Will £450
Both LPAs at the same time	£399	£749
Acting as Certificate Provider	£100 (in our office only)	£200 (in our office only)

The Court charges £82 to register each Lasting Power of Attorney with lower costs for those with a total gross income of less than £12,000 a year, or those in receipt of certain benefits.

I, and everyone here at APWW will do our best to see that the matter proceeds as smoothly as possible.

**Name of Client/s:** \_\_\_\_\_

I / we agree to proceed with the work and acknowledge receipt of the Letter of Engagement and Terms and Conditions of Business, which are available at <http://www.alliedprofessionalwillwriters.co.uk/tc/> or by post or email on request.

Signed: \_\_\_\_\_ Dated: \_\_\_\_/ \_\_\_\_/ \_\_\_\_  
*Client signature 1                      Client signature 2 (if any)*

**Reminders:**

*Money laundering ID enclosed?*

*Gatherer enclosed?*

*Paid?*

## Lasting Powers of Attorney Gatherer

To be read in conjunction with the Will Gatherer – if any of the names/addresses are the same as for our Will Gatherer, please simply write ‘see Will Gatherer’.

**Complete and EXACT details for all involved – please check carefully** as errors are expensive! ALL QUESTIONS MUST BE ANSWERED - even if the answer is NONE – call if you would like to talk it through - everything will be discussed anyway before the documents are prepared.

### Person 1 for whom Lasting Powers of Attorney are to be prepared

Your Full Name(s)		
Address		
Telephone no(s)		
Email address		
Date of birth		Occupation:

### Person 2 for whom Lasting Powers of Attorney are to be prepared (if any)

Your Full Name(s)		
Address		
Telephone no(s)		
Email address		
Date of birth		Occupation:

**Attorneys:**

When thinking about your Attorneys, if you wish to appoint a sole Attorney (which is NOT a good idea as two are needed for property sales or purchases) you may wish to consider appointing a replacement Attorney to act should your Attorney be unable to act for any reason. We would always recommend two plus a replacement. For the basic fee you may have two Attorneys and a replacement Attorney or three Attorneys. Additional Attorneys are charged at £15 per Attorney. Attorneys may not be or become undischarged bankrupts.

*If you wish to appoint each other as first Attorney simply write 'Each Other' in the box.*

ATTORNEY(S)	Attorney 1	Attorney 2
Title, Full name(s)		
Address(s)		
Telephone no(s)		
Email		
Date of birth		
Occupation/ relationship to donor		

**REPLACEMENT ATTORNEY/ ATTORNEY 3** *(delete as appropriate)*

Title, full name(s)	
Address	
Telephone no	
Email	
Date of birth	
Occupation/ relationship to donor	

**Certificate Provider: (we can provide this service locally for £100 per person).**

An independent person who is able to confirm that you understand the significance of your lasting power of attorney. They must have known you well for at least two years, or have relevant professional skills to enable them to confirm that you understand the significance of your lasting power of attorney. They also need to certify that no undue pressure or fraud is involved in the making of the lasting power of attorney.

Your attorney(s) or replacement attorney(s) **cannot** also act as a certificate provider.

**This must be someone who has known you (usually as a friend) for more than two years but can be a health professional.**

**You CANNOT have family members as certificate providers.**

Title, full name(s):

Address:

Date of birth: *(must be over 18)*

How do they know you?

Certificate provider may not be an undischarged bankrupt

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*i.e. as a friend for X years*

Do you wish your attorneys to have the authority to give or refuse consent for life sustaining treatment?

YES/NO

**Appendix 2 MONEY LAUNDERING – please complete and return**

Legislation in force places an obligation upon solicitors to verify the identification of their clients. Such verification may take the form of an online identity check. To complete this check we will require the following:

For each person MAKING the Lasting Powers of Attorney ONE OF:

A) Your driving licence number or a <b>photocopy of your driving licence</b>	
B)The long number at the bottom of your photo passport page, which is a long number and chevrons (not your passport number). We require the numbers and the chevrons as displayed on your passport <b>or a photocopy of your passport photo page</b>	

AND

Your current full address including post code	
Your date of birth	
Payment by cheque or card in your name and at the address you have given us	

As you are a client of the firm we must follow this money laundering procedure, failing which we run the risk of criminal charges being brought against us and in extreme cases, a prison sentence.

Client name:

DO **NOT** SIGN or RETURN THIS PAGE UNLESS YOU WISH TO **CANCEL** YOUR INSTRUCTIONS

Under the Cancellation of Contracts Made in A Consumers Home or Place of Work etc Regulations 2008, you may be entitled to cancel your instructions within 14 days asking for work to be done, and receive a full refund except for work already done at your request. Unless you have specifically agreed to forgo this right, we may have to wait for 14 days the date you instruct us before taking any further action.

If you wish us to proceed more urgently, email, write to us confirming you do not wish to use your cancellation rights and you wish us to proceed immediately.

### **CANCELLATION NOTICE**

If you wish to **cancel** this contract you **MUST DO SO IN WRITING** and deliver personally or send (which may be by electronic mail) it to the person named below. You may use this form if you want but you do not have to.

Complete and return this form **ONLY** if you wish to **CANCEL** the contract.

To The Administration Manager, Allied Professional Will Writers Ltd 2 Hankham Street Hankham Pevensey BN24 5BG [info@APWW.co.uk](mailto:info@APWW.co.uk) (if emailing, please request confirmation of receipt)

I / we (delete as appropriate) hereby give notice that I/ we wish to **cancel** our instructions under reference.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

DO **NOT** SIGN/RETURN THIS PAGE UNLESS YOU WISH TO **CANCEL** YOUR INSTRUCTIONS