

Case ref:

**IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN  
CIVIL DIVISION****IN THE MATTER** of the Powers of Attorney Act 1987

and

**IN THE MATTER** of a power given

by

to

**The attorney(s)****1. Full  
name(s)**

Address

Date of birth

Occupation

**2. Full  
names(s)**

Address

Date of birth

Occupation

**The Donor**

Full name(s)

Address

If the donor's address on the enduring power of attorney is different, please give that address too.

Please indicate with an 'X' where appropriate.

[I ]  [We ] the attorney(s) apply to register the enduring power of attorney made by the donor under the above Act on the

[I ]  [We ] have reason to believe that the donor is or is becoming mentally incapable

[I ]  [We ] have given notice in the set form to the following:

the donor personally at:

on the

the following relatives of the donor at the addresses and on the dates below:

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the co-attorney at (if applicable)

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on the

The enduring power of attorney is with this application.

I /We certify that the above information is correct and that to the best of my/our knowledge and belief I /We have complied with the Powers of Attorney Act 1987 and all the rules and regulations made under it.

Signed		Date
	(N.B. the notice should be signed by all the attorney(s) who are applying to register the enduring power of attorney)	

Address to which notices should be sent:

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