

Attorneys' Details

Is your spouse / partner to act as Attorney?	N/A / NO / YES SOLELY / YES JOINTLY		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		

Reserve Attorneys' Details

Is your spouse / partner to act as Attorney?	N/A / NO / YES SOLELY / YES JOINTLY		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		
Attorney's Title	Name		
Address			
Postcode	To act for:		1 st Testator / 2 nd Testator / Both
Occupation	Date of Birth		
Telephone No.	Email		

Certificate Provider's Details

Certificate Provider	Adviser/IFA	YES / NO	If NO, please nominate other provider below
Provider's Title		Name	
Address			
Postcode		To certify for:	1st Testator / 2nd Testator / Both

Client Declaration

I / WE CONFIRM that I / we are over 18 years of age and are of sound mind and that I / we have read these instructions or have heard these instructions read to me / us and acknowledge and confirm that they represent my intentions as to the appointment of my Attorneys.

I / WE CONFIRM that the spelling of all names and addresses is correct.

I / WE UNDERSTAND that if we change our instructions, Goodwills Legal Services Ltd reserve the right to charge additionally for such work.

I / WE CONFIRM that the financial arrangements relating to this matter have been provided to us by the advisor and that we are happy with these.

I / WE UNDERSTAND that it is our choice whether or not we would like Goodwills Legal Services Ltd to provide their drafting service to us and confirm that we would like them to act.

I / WE UNDERSTAND that the advice is based on the information that we have supplied. **I / WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our LPAs shall be liable if we have withheld information or provided inaccurate information relevant to the drafting of our LPAs.

I / WE CONFIRM that the registration process has been discussed with me / us.

THE DATA PROTECTION ACT 2018 The information recorded in this document may be retained physically or electronically for reference purposes and will be held in accordance with the Data Protection Act 2018. The information may also be used by Goodwills Legal Services Ltd and its Appointed Representatives to provide you with the details of services suitable to your requirements and to keep you informed of any changes in legislation and practices. Goodwills Legal Services Ltd will NEVER pass your details to any third parties without your authority.

SIGNED BY DONOR(S):

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Date	
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Date	
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