**NOTICE TO THE PUBLIC GUARDIAN**

**OF TEMPORARY ABSENCE OF PROFESSIONAL DEPUTY\***

(\**This form is to be used by any Professional Deputy, i) appointed by the court to act as deputies for; or ii) in the Lasting Power of Attorney and on behalf of persons who lack mental capacity, who are unable to carry on with management of their clients’ affairs due to temporary absence from work*. *Please indicate NA where the field is not applicable*.)

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| **SECTION A: YOUR PERSONAL PARTICULARS** |
| **Full Name of Professional Deputy as in ID (Block Letters)** |  |
| **NRIC Number** |  |
| **SECTION B: DETAILS OF TEMPORARY ABSENCE** |
| **Period of absence** <DD/MM/YYYY> | **Start:**  |  | **End:**  |  |
| **Reason(s) for absence** | [ ]  Vacation leave[ ]  Hospitalization leave [ ]  Maternity leave [ ]  Study leave / sabbatical [ ]  Others (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\* under clause 3 of the Public Guardian’s Terms and Conditions for registration as a professional deputy, a professional deputy may be temporarily absent for up to 6 months or such other period if the Public Guardian exercises her discretion upon there being good reason for such absence. |
| **Reason(s) for absence of more than 6 months** | \*Please provide supporting documents in softcopy. |

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| **SECTION C: PARTICULARS OF INDIVIDUAL CASES**  |
| I am a professional deputy appointed by Court for the following case(s) :

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Court case Number****(e.g. FC/OSM XXX/2018)** | **Name of Person without Mental Capacity (‘P’)** | **Name of Successor Deputy as in NRIC** |
|  |  |  |  |

I am a professional deputy acting as a donee for the following LPA(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **LPA Registration number (e.g. REG2018-12345** | **Name of Donor as in NRIC** | **Has the donor lost mental capacity? If so, please indicate the date the LPA came into force** | **Due to my absence, I am disclaiming my appointment** |
|  |  |  |  | <if yes, to elaborate on the arrangements for the donor> |

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| **SECTION D : DECLARATION** |
| **Please read and sign the following**1. I understand that the information that I have provided in this application form and the documents attached (“Personal Information”) is required for the purpose of informing the OPG of my temporary absence from my duties as a professional deputy.
2. I hereby declare that the Personal Information that I have provided is true and accurate. I understand and am aware that giving false information may render me liable to prosecution under section 182 of the Penal Code, and if found guilty, I may be punished with an imprisonment term of up to two years, or a fine, or with both.
3. I have done a proper handover of the relevant cases to my successor deputies and understand that I have to give my successor deputies sufficient time to take conduct of my cases. I have informed the relevant parties (e.g. NOKs, head of nursing home, banks, SNTC, HDB) of my temporary absence.
4. My successor deputy indicated in the table below will undertake to manage my client’s affairs as per the Court Order(s) and LPAs stated in Section C, during my period of absence.
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|  |  |  |  |
| **Full Name as in NRIC and Signature****of Successor Deputy** |  | **Date (DD/MM/YYYY)** |  |

**Full Name of Professional Deputy as in NRIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNEX A**

**CHECKLIST ON COMPLETION FOR THE NOTICE TO THE PUBLIC GUARDIAN**

**OF TEMPORARY ABSENCE OF PROFESSIONAL DEPUTY**

To facilitate the processing of your notice, please ensure that you have enclosed the following documents:

|  |  |  |
| --- | --- | --- |
| **S/N** | **Documents required**  | **To tick once attached** |
|  | Notice of Temporary Absence |[ ]
|  | Supporting documents for absence of more than 6 months |[ ]
|  | Clear photocopy of Letter of Authorisation for each individual deputyship case |[ ]

Please send the form to:

1. By email to enquiry@publicguardian.gov.sg
2. Mail to :

**Professional Deputies and Donees Team**

**Office of the Public Guardian**

**Ministry of Social and Family Development**

**20 Lengkok Bahru, #04-02,**

**Family@ Enabling Village,**

**Singapore 159053**

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| **For Official Use Only** |
| **Date of Notice received:**  | **Remarks:** |