

Please read the following guidance notes before completing this form in BLOCK CAPITALS and black ink.

- Client details: Insert the full name of the client and the 8-digit case reference number (this can be found on the order or any other correspondence that you may have received from the Court of Protection) in the spaces provided.
- Gift/donation: Please state the name of person/organisation that the gift or donation is intended for. Please only tick one box to indicate gift/donation per benefactor.

Client details

Client

Family/Surname

Client Forename

Case Number

Deputy details

Full name:

Gift/donation information

Name of beneficiary

Please tick one box per beneficiary ✓

1 Gift Charitable donation

Amount £

2 Gift Charitable donation

Amount £

3 Gift Charitable donation

Amount £

4 Gift Charitable donation

Amount £

Total amount requested

£

Declaration

I declare the information provided on this form is correct and the gift/donation is a true reflection of the wishes of the above named client. The amount requested does not exceed the total amount of gifts/donations permissible within 12 calendar months as stipulated on the order or I have attached the specific gift/donation order with this form. I have also completed and included Form P with this document.

Deputy Signature _____

Date _____