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|  | FORM 220 |  |

Para 54

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

OSM No. )

of 20 )

In the Matter of Section 20 of the Mental Capacity Act (Cap 177A)

And

In the Matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of person alleged to lack capacity*]

(NRIC/FIN/Passport No.: \_\_\_\_\_\_\_\_\_\_), a person alleged to lack capacity (“P”)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of applicant*]

(NRIC/FIN/Passport No.: \_\_\_\_\_\_\_\_\_\_)

 *Applicant*

**AFFIDAVIT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of Successor Deputy*], of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*address of Successor Deputy*], do make oath / affirm\* and say as follows:

1. I am the Successor Deputy proposed to be appointed to make decisions and act on P’s behalf.

2. The facts contained in this affidavit are within my personal knowledge or are based on documents in my possession.

3. I confirm that the information set out in paragraphs 4, 5 and 6 below is true and correct.

4. **Successor Deputy’s Particulars**

|  |
| --- |
| **(a) Full name:** |
| **(b) NRIC/FIN/Passport no.:** |
| **(c) Date of birth (DD/MM/YYYY):** |
| **(d) Age:** |
| **(e) Gender: 🞏 Male 🞏 Female** |
| **(f) Telephone number:** |
| **(g) Occupation:** |
| **(h) Name and address of employer:** |
| **(i) Monthly income:**

|  |  |
| --- | --- |
| **Source of Income***(e.g. salary, insurance, government payouts, rental etc)* | **Value** |
|  |  |
| **TOTAL** |  |

 |
| **(j) Relationship to P (i.e. the person alleged to lack capacity):*** **Spouse**
* **Child**
* **Parent**
* **Sibling**
* **Friend**
* **Others – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |

5. **Information about Successor Deputy**

|  |
| --- |
| **(a) *Please indicate which options are applicable to you**** **I am not an undischarged bankrupt**
* **I am not facing any bankruptcy actions**
* **I have not been appointed as a Donee or Deputy for someone else**
 |
| **(b) *Please indicate which option is applicable to you**** **I declare that I do not have any outstanding loans or debts at all**
* **I declare that I do not have any outstanding loans or debts except for the following loans / debts, and I further declare that I am able to pay my loans and debts as and when they become due and payable.**

|  |  |
| --- | --- |
| **Information about loan / debt***(e.g. creditor, reason for loan/debt etc.)* | **Amount owed** |
|  |  |

 |
| **(c) PREVIOUS LEGAL APPLICATIONS CONCERNING** **APPLICANT(S) AND/OR P** **(Please indicate which of the following is applicable)*** **Have you and/or P been involved in any kind of court proceedings (e.g. criminal, tribunal, civil or family proceedings)?**

 **🞏 Yes 🞏 No** **If yes, please provide details below:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

6. **Information about P**

|  |
| --- |
| **(a) P’s Full name:** |
| **(b) P’s NRIC/FIN/Passport no.:** |

7. I understand the nature of the order which is applied for in these proceedings.

(b) I have read and understood all the contents of the Originating Summons and the supporting affidavits.

(c) I consent to the Originating Summons filed in these proceedings.

(d) I consent to the dispensation of service of the Originating Summons, supporting affidavits and all subsequent documents filed in these proceedings on me\*. (*please delete if not applicable*)

(e) I consent to the care arrangements / financial management plan / care arrangements and financial management plan\* proposed by the Applicants and I understand that I am to abide by all orders made by the Court.

8. I declare and undertake as follows:

(a) I understand my responsibilities if I am appointed as Successor Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duties as P’s deputy, and I will not use my position for any personal benefit.

(b) I will have regard to the Mental Capacity Act Code of Practice and act in accordance with the principles of the Mental Capacity Act. In particular, I will act and make decisions for P in P’s best interests.

(c) I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P’s behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

9. I confirm that the documents exhibited herein and marked as “A” are true copies of the originals.

Sworn (or affirmed) by )

the abovenamed on )

this day of 20 )

at Singapore )

Before me,

Commissioner for Oaths

This is the exhibit marked “A” referred to in the affidavit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of successor deputy*] and sworn / affirmed before me on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*date on which the affidavit is sworn or affirmed*].

Before me,

A Commissioner for Oaths

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| **Documents that prove the successor deputy’s relationship to P**(e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.) |  |
| **Other documents** |  |

***Note****: Please exhibit the documents in the order listed above.*