

SECTION 4: DECLARATIONS AND SIGNATURES

PRINCIPAL'S SIGNATURE

As the principal, you must sign this part in front of an eligible witness.

Refer to section 4, pages 15–16 of [Form 9 – Enduring power of attorney explanatory guide](#) and the [Queensland Capacity Assessment Guidelines 2020](#).

An eligible witness **must** be a:

- » justice of the peace (JP)
- » commissioner for declarations
- » notary public
- » lawyer.

The witness **must not** be:

- » the person signing for you
- » your attorney (e.g. under an enduring power of attorney or advance health directive)
- » related to you or your attorney
- » a paid carer or health provider for you (i.e. your health provider).

By signing this document, I confirm that:

- » I am making this enduring power of attorney freely and voluntarily.

AND

- » I understand the nature and effect of this enduring power of attorney, including:
 - » that I may specify or limit my attorney(s)' power and instruct my attorney(s) about the exercise of the power
 - » when the power given to my attorney(s) begins
 - » that once the power for a matter begins, my attorney(s) will have full control and power to make decisions about the matter, subject to any terms or information included in this enduring power of attorney
 - » that I may revoke this enduring power of attorney at any time if I am capable of making another enduring power of attorney giving the same power
 - » that the power I am giving to my attorney(s) continues even if I do not have capacity to make decisions about the matter
 - » that if I am not capable of revoking the enduring power of attorney, I am unable to effectively oversee the use of the power given to my attorney(s) by this document.

ONLY SIGN THIS PART IN FRONT OF AN ELIGIBLE WITNESS

Principal's signature: _____ **Date:** _____

Witness's signature: _____ **Date:** _____

(Witness must also sign page 10)

Person signing for the principal

If you are physically unable to sign this form, another person who is eligible must sign the form for you.

Refer to section 4, page 16 of [Form 9 – Enduring power of attorney explanatory guide](#).

By signing this document, I confirm that:

- » the principal instructed me to sign this document
- » I am 18 years or older
- » I am not a witness for this enduring power of attorney
- » I am not an attorney of the principal.

Name of person signing for the principal			
Address			
	Suburb	State	Postcode
Phone number			
Email			

ONLY SIGN THIS PART IN FRONT OF THE PRINCIPAL AND AN ELIGIBLE WITNESS

Person signing for the principal signs here: _____ **Date:** _____

Witness's signature: _____ **Date:** _____

(Witness must also sign page 10)

Ensure you and the principal or eligible signer only complete the relevant section.

OR

Insert your seal of office or prescribed mark of office and your registration number beside or below your signature. Ensure to also insert the date.

WITNESS CERTIFICATE

This part must be filled in and signed by an eligible witness at the same time that you sign the enduring power of attorney.

INFORMATION FOR THE WITNESS

As a witness you are not simply witnessing the principal's signature.

You must also be satisfied that the principal appears to have capacity to make the enduring power of attorney.

Refer to section 4, page 16 and page 20 of [Form 9 – Enduring power of attorney explanatory guide](#) and the [Queensland Capacity Assessment Guidelines 2020](#).

By signing this document, I certify that:

(Tick one box only)

the principal signed this enduring power of attorney in my presence

OR

Ensure you tick the relevant box in this section depending if you witnessed the principal's signature or the signature of an eligible signer that was instructed to sign by the principal.

in my presence, the principal instructed another person to sign this enduring power of attorney for the principal, and that person signed it in my presence and in the presence of the principal.

AND

» I am a:
(Tick one box only)

justice of the peace (JP)

commissioner for declarations

lawyer

notary public.

Ensure you tick the relevant box to indicate your qualification.

» I am not:

» the person signing the document for the principal

» an attorney of the principal

» a relation of the principal or relation of an attorney of the principal

» if this enduring power of attorney appoints an attorney for personal (including health) matters, a paid carer or health provider of the principal.

» At the time of making this enduring power of attorney the principal appears to me to have the capacity to make the enduring power of attorney. The principal appears to:

» understand the nature and effect of this enduring power of attorney

» be capable of making the enduring power of attorney freely and voluntarily.

This document (including any additional pages) has _____ pages.

Insert the total number of pages of the form here (including any additional pages).

Insert your seal of office or prescribed mark of office and your registration number beside or below your signature.

Witness's signature: _____

(Witness must also sign page 9)

Date: _____

Witness's name: _____

Insert your full name (including any given names).

If an interpreter assisted in the preparation of this document or if an interpreter is present when this document is witnessed, complete [Form 7 – Interpreter's/translator's statement](#) at www.publications.qld.gov.au