

## DECLARATION OF INCAPACITY (To be completed for ISA clients)

To be completed and signed by attorney.

Name of Client .....

Date of Birth .....

Residential Address.....

.....

.....

In my capacity as Attorney I confirm that the above is incapable of signing on his/her own behalf due to:

\*Physical Incapacity, Illness or Old Age

or

\*Mental Disorder or Incapacity

*(\*Please delete as appropriate)*

Signed.....

Name.....

Address for client's correspondence

.....

.....

.....

Date.....