

Date: Insert Date

Dear Dr Insert GP Name

**Client name: Insert Client Name**

**Client address: Insert Client Address**

**Client date of birth: Insert Client Date of birth**

I act for Insert Client Name in connection with a lasting power of attorney for property and financial affairs. I am trying to establish whether or not they have the requisite mental capacity to enter into a financial contract.

Please may you confirm the following:

* Do they have capacity to enter into a financial contract?
* Are they capable of managing their own financial affairs including banking, entering into credit arrangements and day to day payment of bills?
* In your professional opinion, would they be better served by having someone else look after their finances for them?

In order for us to be able to support Insert Client Name I would be grateful if you could please send your response to the above to the address shown below as soon as possible.

Kind regards,

Guy Olson

Guy Olson

Managing Partner

The Equity Release Partnership

15 Haystack Avenue, Chippenham, Wiltshire, SN14 0FY