



Guidance notes on the registration process for private individuals (Form P)

The Federal Chamber of German Civil Law Notaries maintains the Central Register of Lasting Powers of Attorney in accordance with Section 78 (2) no. 1 and Section 78a of the Federal Regulation on Notaries. The Central Register provides the adult guardianship courts with a quick and reliable source of information on existing advance directive documents (lasting powers of attorney and guardianship directives, both also in combination with an advance healthcare directive). Unnecessary guardianships are thus avoided in the interests of the affected citizens themselves, while optimal consideration is given to their individual wishes. Furthermore, the burden on the justice system is reduced.

Registration process

Registration in the Central Register of Lasting Powers of Attorney does not itself constitute the establishment of a lasting power of attorney (LPA), guardianship directive or advance healthcare directive. Please clarify any legal issues with your lawyer or notary.

If you have created a valid LPA/directive document, you can apply to have this document registered in the Central Register of Lasting Powers of Attorney using the form for private individuals (P) or the www.vorsorgeregister.de website (reduced fee).

A **separate form** needs to be completed for **each** person granting an LPA or issuing a guardianship directive. Please fill out the application form **clearly**. **Fields marked * are mandatory**. Sign and post the form to the Central Register: ZVR, P.O. Box 08 01 51, 10001 Berlin. **Under no circumstances** should you send the actual LPA or directive document!

Once we have received your application, you are sent an invoice with a **checklist** showing the data we have recorded and enabling you to **make corrections** if necessary. Once the registration fee has been received, your LPA/guardianship directive is finally registered and thereby becomes available for inspection by the relevant courts. In the final stage of the process, you are sent confirmation of the registration and your **ZVR Card**.

Registration costs

The charges for registration are based on the particular services involved. The basic fee is a **one-off payment** which covers **permanent registration and the servicing of court requests for information**.

This basic fee for postal registration is € 16.00. If payment is not made via direct debit, the basic fee is € 18.50. If you register more than one agent, an additional € 3.00 is charged for each further agent. With online registration, there is a reduction of € 3.00 on the relevant basic fee and € 0.50 on the fee for each additional agent.

Details of the LPA/guardianship directive (Numbers 1 to 4)

Number 1: It is mandatory to specify the date of the LPA or guardianship directive.

Number 2: The details on the extent of your LPA make it easier for the guardianship court to quickly evaluate the content of the authorization.

Property and financial affairs cover the authorization to administer assets, enter into obligations, or deal with courts, authorities and other public agencies with regard to property and financial affairs. For directives concerning real estate, a notarial document has to be produced to the land registry. Directives which have to be submitted to the commercial register must likewise be notarially certified. Notarial authorization is also required in order to take out consumer loans.

- Matters relating to **medical treatment** include aspects such as visiting rights and the right to see medical records. The agent's power to give, withhold or withdraw consent to medical examinations, treatment or operations that involve a certain degree of risk must be explicitly stated in the LPA/guardianship directive in accordance with Section 1904 (1), (2) and (5) of the German Civil Code. In accordance with Section 1906a (1) and Section 1906a (5) 1st sentence of the German Civil Code, the agent may only consent to medical treatment against the natural will of the grantor under extremely strict conditions. For example, one precondition of consent is that the treatment is necessary in order to prevent considerable harm to the grantor's health and that the power to give this consent is explicitly covered by the LPA/guardianship directive. In accordance with Section 1906a (4) and Section 1906a (5) 1st sentence of the German Civil Code, the same applies to cases where the grantor is placed in hospital against his/her will and where coercive medical treatment is being considered. Furthermore, consent to the aforementioned measures has to be approved by the adult guardianship court.
- **Residence** issues can also cover measures involving a restriction or deprivation of liberty (e.g. restrictive care in an institution, home or other establishment via mechanical devices, medication or other means). This is on condition that the LPA explicitly authorizes the agent to give consent – on behalf of the grantor – to coercive medical treatment or measures involving a restriction or deprivation of liberty (Section 1906 (1) and (4) of the German Civil Code). In addition, approval is also required from the adult guardianship court.

Number 3: With a **guardianship directive**, you are able to influence who the court appoints as your guardian. You can also specify any individual wishes in terms of determining your way of life during the guardianship. An **advance healthcare directive** enables you to define your wishes in terms of the medical treatment you would like to receive if you are incapable of making a decision – due to being unconscious, for example.

Number 4: You may include here brief notes explaining where the LPA/guardianship directive document is kept. The personal data of the agent and/or proposed guardian should not be entered here. Please use the fields provided for this purpose (Numbers 20–30).

Details of the person granting the LPA/ issuing the directive (Numbers 5 to 16)

Please take care to be **accurate** when providing your details. This information is **essential** in order to trace your LPA/directive document at a later date.

Details about payment method (Numbers 17 to 19)

If you wish to pay the fees via **direct debit**, please enter the necessary details. You also have the option of being **invoiced** for the amount. This carries a **registration surcharge of €2.50**.

Details of the agent/proposed guardian (Numbers 20 to 30)

You are strongly advised to register the agent/proposed guardian so that this person can be quickly identified in case of emergency. In order to protect data privacy rights, each of your trusted persons are notified about the registration in the Central Register of Lasting Powers of Attorney and are informed of their right to ask for the data to be deleted at any time.

On page 2, the “P” form allows you to designate an agent/proposed guardian. If you wish to apply for the registration of further agents/proposed guardians, please use as many “PZ” supplementary forms on agents/guardians for private individuals as necessary.

Subsequent changes

Subsequent changes are made using the registration confirmation, stating the **registration and booking number** provided. This allows you to provide notification of any changes in the address of an agent or proposed guardian, for example. Please note that amendments are only accepted if requested by the person who granted the LPA/ issued the directive.

If you wish to **revoke** your LPA or directive, you must notify your agent(s) of this fact and ask them to return any LPA or directive documents that you gave them. The revocation can and should also be reported to the Central Register of Lasting Powers of Attorney.

Zahlungsweise* | *Payment method**

Lastschrift | *Direct debit*

Überweisung | *Bank transfer*

17 IBAN | *IBAN*

18 BIC | *BIC*

19 Kontoinhaber | *EN*

Hiermit ermächtige ich die Bundesnotarkammer, Gläubiger-Identifikationsnummer DE-19REG00000101186, einmalig eine Zahlung von meinem oben genannten Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von der Bundesnotarkammer auf mein Konto gezogene Lastschrift einzulösen. Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen. Der Einzug erfolgt unter einer individuellen Mandatsreferenz, die mir mit Rechnungserstellung mitgeteilt werden wird.

I hereby authorize the Federal Chamber of German Civil Law Notaries (creditor identifier DE-19REG00000101186) to collect a single payment from my above account via direct debit. I also instruct my credit institute to honour the direct debit request made on my account by the Federal Chamber. I can demand the debited amount to be refunded within eight weeks after my account is debited. This is subject to the conditions agreed with my credit institute. The payment is executed with a unique mandate reference which is disclosed to me in the invoice.



Ort, Datum | *Place, date*

Unterschrift des Kontoinhabers | *Signature of account holder*

Daten des | *Details of*

Bevollmächtigten | *agent*

vorgeschlagenen Betreuers | *proposed guardian*

20* Anrede | *Term of address*

Herr | *Mr*

Frau | *Ms*

21 Titel | *Academic title*

Professor | *Professor*

Doktor | *Dr*

22* Vorname(n) | *First name(s)*

23* Nachname | *Surname*

24 Geburtsname | *Surname at birth*

25 Geburtsdatum | *Date of birth*

26 Land | *Country*

27* Straße | *Street*

*Hausnummer | *Number*

28 Adresszusatz | *Additional address information*

29* Postleitzahl | *Postcode*

*Ort | *Town/City*

30 Telefonnummer | *Telephone number*

Ich - der **Bevollmächtigte / vorgeschlagene Betreuer** - bin mit der Eintragung meiner Daten einverstanden.
I - the agent/proposed guardian - consent to the registration of my details.



Ort, Datum | *Place, date*

Unterschrift des Bevollmächtigten / vorgeschlagenen Betreuers (nicht zwingend erforderlich - siehe Informationen)
Signature of the agent/proposed guardian (Signature is not absolutely mandatory - see guidance notes)

Ich - der **Verfügende / Vollmachtgeber** - beantrage die Eintragung der vorstehenden Daten.

I - the person granting the LPA/issuing the directive - apply for the above data to be registered.



Ort, Datum | *Place, date*

Unterschrift des Verfügenden / Vollmachtgebers* | *Signature of the person granting the LPA/issuing the directive**