







**Statement of Witnesses**

**First Witness**

(Note: This witness must be a registered medical practitioner, who, at the option of the maker of this directive, could be a doctor other than one who is treating or has treated the maker of this directive.)

- (1) I, \_\_\_\_\_ (please print name) sign below as witness.
  - (a) as far as I know, the maker of this directive has made the directive voluntarily; and
  - (b) I have explained to the maker of this directive the nature and implications of making this directive.
  
- (2) I declare that this directive is made and signed in my presence together with the second witness named below.

\_\_\_\_\_  
Signature of 1<sup>st</sup> witness \_\_\_\_\_  
Date

**Name:** .....  
**Identity Document No. / Medical Council Registration No.<sup>7</sup>:** .....  
**Office Address:** .....  
.....  
**Office Tel. No. :** .....

**Second Witness**

(Note: This witness must be at least 18 years of age)

- (1) I, \_\_\_\_\_ (please print name) sign below as witness.
  
- (2) I declare that this directive is made and signed in my presence together with the first witness named above, and that the first witness has, in my presence, explained to the maker of this directive the nature and implications of making this directive.

\_\_\_\_\_  
Signature of 2<sup>nd</sup> witness \_\_\_\_\_  
Date

**Name:** .....  
**Identity Document No.<sup>8</sup>:** .....  
**Home Address / Contact Address :** .....  
.....  
**Home Tel. No. / Contact No. :** .....

<sup>7</sup>. It is not necessary for HA staff to provide the Identity document No. / Medical Council Registration No. since staff code or address of hospital ward/unit would be sufficient for the identification of the 1<sup>st</sup> witness.  
<sup>8</sup>. It is not necessary for HA staff to provide the Identity document No. since staff code or address of hospital ward/unit would be sufficient for the identification of the 2<sup>nd</sup> witness.