

SCHEDULE 1

Regulation 2

CERTIFICATE UNDER SECTIONS 15(3)(c) AND/OR 16(3)(c) OF
THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 TO BE
INCORPORATED IN A DOCUMENT GRANTING A POWER OF ATTORNEY

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THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 TO BE
INCORPORATED IN A DOCUMENT GRANTING A POWER OF
ATTORNEY

1. This certificate is incorporated in the document subscribed by

Insert name of grantor

2. On

Insert date subscribed

3. That confers a

Tick appropriate box tick one box only

<input type="checkbox"/>	• Continuing power of attorney (i.e. confers property or financial powers only)
<input type="checkbox"/>	• Welfare power of attorney (i.e. confers welfare powers only)
<input type="checkbox"/>	• Combined power of attorney (i.e. confers both property or financial and welfare powers)

4. Appointing as Attorney(s)

Insert name(s) of Attorney(s)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

5. Declaration of Certifier

Note, any person signing this certificate should not be the person to whom this power of attorney has been granted.

I certify that

- 1. I interviewed the granter *immediately* before he/she subscribed this power of attorney;
- 2. I am satisfied that, at the time this power of attorney was granted, the granter understood its nature and extent, and

I have satisfied myself of this:

Please tick appropriate box. (Both may apply but one must apply)

(a) because of my own knowledge of the granter;

and/or

(b) because I have consulted the following person who has knowledge of the granter on the matter

Insert name, address and relationship with granter, of person consulted

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- 3. I have no reason to believe the granter was acting under undue influence or that any other factor vitiates the granting of this power of attorney.

Signed:

Print name:

Profession:

Address:

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Date: