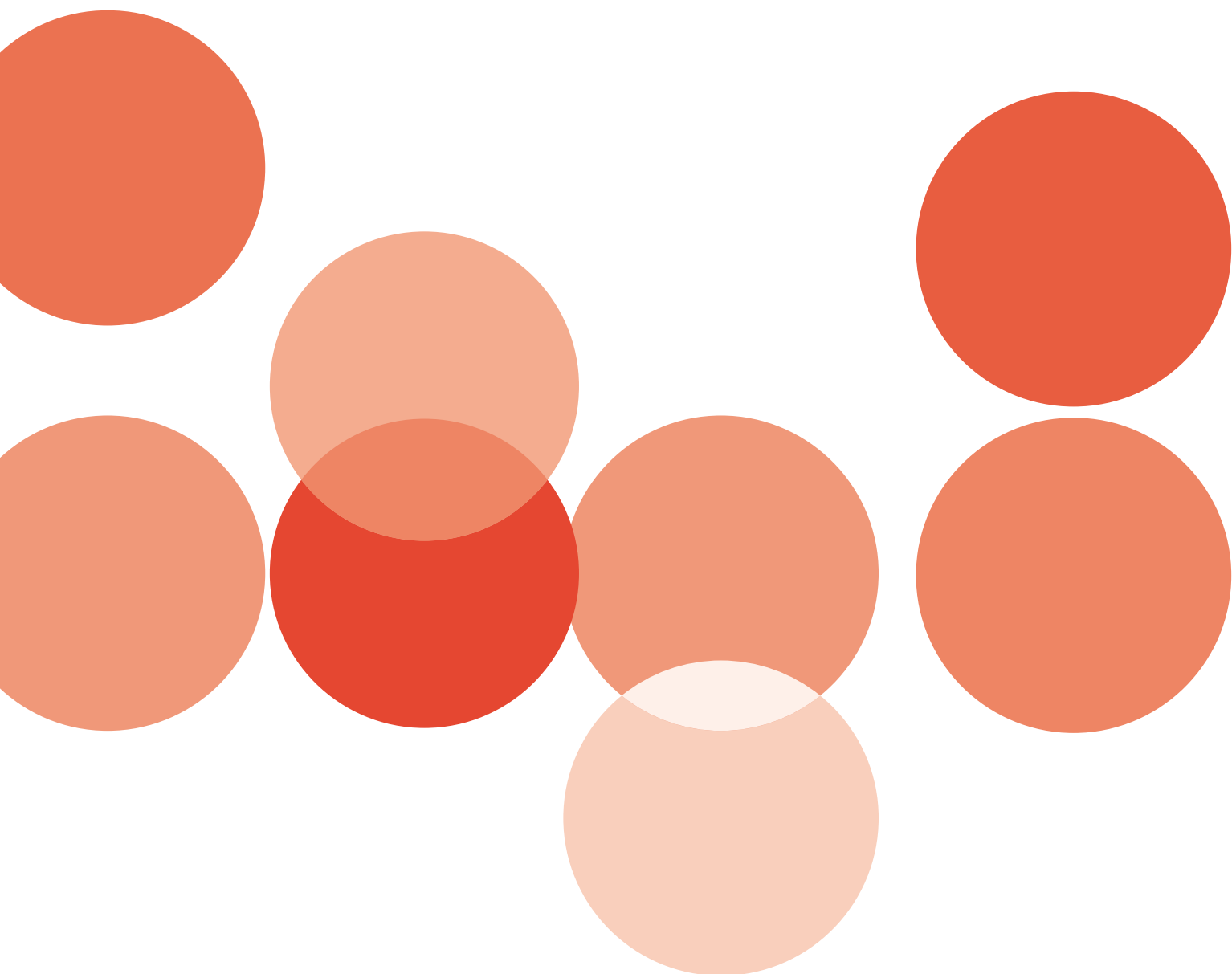


# Request Account Information ATF(1)

Notes to complete  
Application Form



# Notes to complete this Form



This form should be used where the applicant(s) wishes to apply to the Public Guardian for authority to approach banks/building societies with a view to obtaining sufficient financial information to allow the applicant to be in a position to consider using the access to funds scheme. Applicants should use this form in conjunction with the code of practice for withdrawers issued by the Scottish Government.

If you require advice and/or assistance to complete this form please contact the Office of the Public Guardian (OPG) where staff will be happy to help. Applicants should refer to the code of practice for access to funds when considering making use of this scheme.

The form should only be used when you have limited information and require to ascertain:

- Does the adult have any accounts in his/her sole name which may be suitable for the purpose of the access to funds scheme, for example, an account which has no restrictions on access and is there sufficient money in the account to fund the ongoing needs of the adult

- What other accounts the adult may have in his/her sole name
- Which accounts have funds paid into them, for example, state or works pensions
- Which accounts have funds paid out of them, for example, standing orders/direct debits

If the above information is currently available to you there is no requirement to complete this form and the applicant should complete the application form ATF(2) access to funds.

If the above information is not available to you at the time of making this application do not complete the application form ATF(2) to access funds until the bank/building society etc provides you with sufficient information to allow you to move to the next stage of the process.

The information you gain from the fundholder will allow you to decide if the access to funds scheme is a suitable means of assisting the adult.

**Section 1** requests details of the applicant(s), of the adult and all other persons who have an interest in the financial affairs of the adult and should be completed as fully as possible. In section 1.1 – details of the applicant: individual(s) should complete the part marked (Individuals Only) while organisations should complete the part marked (Organisations Only)

**Section 2** relates to financial information and where known, details of any existing accounts should be identified. If the applicant does not have this detail it is still possible to obtain information if it is known or suspected where the adult banked. The applicant should also provide an indication of the level of expenditure which will be required to reasonably cater for the needs of the adult. This should include a lump sum if there is a debt due or there is a need for a one off item of expenditure. This would include the cost of this application which may be recovered from the adult’s estate provided it is requested.

**Section 3** contains an undertaking and declaration which must be read carefully by the applicant(s) who should sign and date the application form.

**Section 4** requires to be completed by a countersignatory who must meet the criteria as set out in the application form.

**Medical Certificate SSI No 76** must be completed by a medical practitioner and enclosed with the application form. This should be done before signing or having the application form countersigned. The application form must be lodged with the Public Guardian within 14 days of the date of the countersignatory signing the form where required or within 14 days of the applicant signing the form. A copy of form SSI No 76 is contained at the rear of the application form for your use.

**Medical Certificate SSI No 79** only requires to be completed where the applicant considers that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult’s health. The section on medical certificates in the code of practice for access to funds provides further information. A copy of form SSI No 79 is contained at the rear of the application form for your use if required.

**Use the checklist located near the end of the application form to ensure you have completed all the information requested and then send your application to the Public Guardian.**

**A fee is payable for this application and cheques should be made payable to the “Scottish Court Service”. Details of current fees can be obtained from the OPG or from our website.**

Section 4 does not require to be completed where the applicant is an organisation.

Office of the Public Guardian (Scotland)  
Hadrian House  
Callendar Business Park  
Callendar Road  
FALKIRK, FK1 1XR

DX: 550360 Falkirk 3  
LP: LP-17 Falkirk

- Telephone: 01324 678300
- Fax: 01324 678301
- Email: [opg@scotcourts.gov.uk](mailto:opg@scotcourts.gov.uk)
- Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

The office of the Public Guardian (OPG) is open to the public from 9am to 5pm, Monday to Friday.

This leaflet is available free of charge in Braille, audiotape large print format, and various non-English languages by phoning the above telephone number. The OPG subscribes to Language Line and the RNID Typetalk service.



# Request Account Information ATF(1) Application Form

## Section 1 – Personal Information

### Section 1.1 - Details of the Applicant (Individuals Only)

An applicant should be the person who intends to become a withdrawer. Where there is more than one applicant complete section 1.1 - Details of additional applicants.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.  
Is the applicant the:

Nearest Relative
Primary Carer
Named Person
Attorney/Guardian

If No complete Section 1.3

If No complete Section 1.4

If No complete Section 1.5

If No complete Section 1.6

## Section 1.1 - Details of Additional Applicant (Individuals Only)

An applicant should be the person who intends to become a withdrawer. Where there are more than two applicants use a separate sheet. Note that all applicants require to read and complete section 3.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.  
Is the applicant the:

Nearest Relative	If No complete Section 1.3
Primary Carer	If No complete Section 1.4
Named Person	If No complete Section 1.5
Attorney/Guardian	If No complete Section 1.6

## Section 1.1 - Details of the Applicant (Organisations Only)

The applicant should be the organisation who intends to make an application to access the adult's funds.

An application by an organisation should only proceed beyond this point if it has been confirmed by the Public Guardian that the organisation has met the criteria to be fit and proper for the purpose of acting in terms of Part 3 of the Adults with Incapacity (Scotland) Act 2000. If that is the case, your organisation will have been issued with a "List Number" which should be shown below. If not, your organisation must satisfy the Public Guardian of this requirement by completing the Fitness to Access Funds application form prior to completing this application. Details of a contact person within the organisation must be supplied and this person should read and complete section 3 on behalf of the organisation.

Organisation:	
Department:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Organisation List Number:	

### Nominated Contact for Organisation

Surname:	
Forename:	
Middle Name:	
Contact Person's Designation:	
Tel No:	
E-Mail Address:	

## Section 1.2 – Details of the Adult

Title:	
Surname:	
Forename:	
Middle Name:	
Date of Birth:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

A copy of this application will be sent to the adult and other persons identified in this application. If you consider that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult's health please tick the box.

Simply to indicate that the adult would not understand the application or would be upset by it is not sufficient grounds for non intimation.

**If you have ticked the above box the Public Guardian will require you to lodge with this application a medical certificate (in the form of SSI No 79) completed by two medical practitioners. A copy of form SSI No 79 is enclosed.**

## Section 1.3 - Details of the Nearest Relative

The nearest relative of the adult may be a spouse, brother, sister, son or daughter of the adult or some other more distant relative. If the applicant is the nearest relative there is no need to complete this section.

In certain circumstances any person claiming an interest on behalf of an adult with incapacity may ask a sheriff to make an order which will stop certain information being given to the nearest relative. In making such an order, the sheriff will have named another person to act as the nearest relative. This will only be for the purpose of any application made in terms of this Act. This person may be another relative for example, a nephew or niece or somebody else such as a friend or neighbour.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

If there has been a Court Order naming the above as the nearest relative to the adult please tick this box

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.  
Is the nearest relative the:

Primary Carer
Named Person
Attorney/Guardian

If No complete Section 1.4

If No complete Section 1.5

If No complete Section 1.6

## Section 1.4 – Details of the Primary Carer

The primary carer is the person who has day to day responsibility to look after the needs of the adult.

If the adult is in hospital or a care home etc. you should identify the primary carer as being the manager or officer in charge of the ward, care home or other establishment.

Title:	
Surname:	
Forename:	
Middle Name:	
Name of Organisation: (if applicable)	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.  
Is the primary carer the:

Named Person
Attorney/Guardian

If No complete Section 1.5

If No complete Section 1.6

## Section 1.5 – Details of the Named Person

A named person is someone who, in terms of the Mental Health (Care and Treatment)(Scotland) Act 2003, has powers and rights to represent and safeguard the adult's interests.

Does the adult have a named person?

If Yes Complete below    If No or not known, go to section 1.6

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.  
Is the named person the:

Attorney/Guardian

If No complete Section 1.6

## Section 1.6 – Details of any Attorney or Guardian

A continuing attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's property or financial affairs and having continuing effect notwithstanding the granter's incapacity.

A welfare attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's personal welfare and having effect during the granter's incapacity.

Guardian includes a reference to a guardian (however called) appointed under the law of any country to, or entitled under the law of any country to act for, an adult during his incapacity, if the guardianship is recognised by the law of Scotland.

Does the adult have an attorney or guardian?

If Yes Complete below    If No or not known, go to section 1.7

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

# Section 1.7 – Details of any Other Interested Parties

Any other interested party is any other person who has not already been identified in the application and who has an interest in the adult’s affairs. This may be other relatives or partners.

Use a separate page if necessary

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

**Now go to Section 2**

## Section 2 – Financial Information

### Section 2.1 – Existence of an Account

Where you know that there are accounts in existence and you have details of the accounts but do not know details of transactions on the accounts or whether they might be suitable for an access to funds to be operated upon for example, 90 day notice account or insufficient funds in the account, you should complete this section. Please supply as much information as possible. (Use a separate sheet if necessary).

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

## Section 2.2 – Need to Identify what Accounts Exist

If you are unable to provide the level of detail required in 2.1 above or suspect that additional accounts exist please indicate below the banks/building societies etc. with whom you hold a reasonable belief that account(s) may exist in the name of the adult.

Abbey	Lloyds TSB
Alliance & Leicester	Lloyds TSB Scotland
Barclays	Nationwide Building Society
Bradford & Bingley	Nat West Bank
Cheltenham & Gloucester	Northern Rock
Clydesdale Bank	Royal Bank of Scotland
Dunfermline Building Society	Standard Life Bank
Halifax Bank of Scotland	Woolwich
HSBC	Yorkshire Building Society
Others: (Please identify)	

## Section 2.3 – Indicative Use of Funds

The Public Guardian must ensure that your application is suitable for the purpose and on that basis requires an indication of the level of expenditure of the adult's funds which will be anticipated. One off payments or lump sum should be completed if required. Identify specifically why you need a one off payment or lump sum for example to pay outstanding debts or purchase special items.

Likely Need for Expenditure	Estimated Amount Monthly £
Gas	
Electricity	
Telephone	
Mortgage	
Rent	
Insurances	
Council Tax	
TV Licence	
Care Charges	
Loan Repayments	
Club or other subscriptions	
Food and household expenses	
Clothing	
Holidays/Outings	
Other (Please specify)	
One off payments/lump sum (Please Specify)	

## Section 3 – Terms of Declaration

### Section 3.1 – Declaration

You are required to read over and sign the declaration and data protection/use of information statement below.

- I believe that it is appropriate for me to make this application;
- I believe that funds are held in the sole name of the adult as identified;
- I believe the information contained in this application to be true;
- I declare that the information is requested for the sole purpose of progressing an application to access the funds of the adult in terms of Part 3 of the Adults with Incapacity (Scotland) Act 2000 as amended;
- I understand that accessing this information for any other purpose is considered a breach of confidentiality; and
- I understand that information disclosed by banks/building societies etc. is confidential and any breach of this by me may result in legal action.

### Section 3.2 – Data Protection/Use of Information

The Office of the Public Guardian will retain and process the information provided herein on computer. This processing is necessary for the exercise of the statutory functions conferred on the Public Guardian by the Adults with Incapacity (Scotland) Act 2000. By signing below I understand that I consent to this information being processed, stored and used by the Office of the Public Guardian in the discharge of its function.

SIGNATURE OF APPLICANT(S):

--	--

PRINT NAME(S):

--	--

DATE:

--	--

The Public Guardian needs to confirm that the condition of the adult meets the criteria as set in section 1(6) of the Act. The medical certificate (SSI No 76) enclosed at the rear of this form must now be completed by a medical practitioner. You should arrange to have the medical certificate(s) completed immediately before you or the countersignatory sign and date this application.

Thereafter sign and date the form and where applicable have your application form countersigned at section 4. (This section does not require to be completed where the applicant is an organisation). The person who completes section 4 will effectively support your application and believe that the information contained in the application is true and you can be entrusted with the adult's financial affairs as far as this application relates.

**The person who is to act as the countersignatory must meet the criteria as identified in section 4.2 of the application form. Please note that this application must be lodged with the Public Guardian within 14 days of the countersignatory signing and dating this application or 14 days of the applicant signing and dating the application if section 4 is not required.**

## Section 4 – Countersignatory Information

The countersignatory must read this application form and agree to its content and be satisfied that it is necessary before completing and signing the declaration.

The countersignatory must read the declaration thoroughly and ensure that he/she meets the criteria as set. If not, that person cannot act as countersignatory in this application. If there are joint applicants and you cannot find one countersignatory who meets the criteria for all, you will require a separate countersignatory to support each applicant. Each countersignatory must complete a separate section 4.

The countersignatory must declare if he or she is liable to gain financially from involvement in this application and if so the countersignatory must identify the nature and extent in the box provided. A monetary or financial interest is known as “pecuniary interest”.

### Section 4.1 - Details of Countersignatory

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

**Please note that the Public Guardian may at some time during this process contact the countersignatory in relation to the application.**

## Section 4.2 - Declaration of Countersignatory

I DECLARE THAT I HAVE KNOWN  
(Applicant's name)

- for at least one year prior to the date of the foregoing application and I believe the applicant to be a fit and proper person to make this application. I further believe that the information contained in this application to be true.
- I am not :
  - (a) a relative or person residing with the applicant or the adult; or
  - (b) a director or employee of the fundholder; or
  - (c) a solicitor acting on behalf of the adult or any other person mentioned in this sub-paragraph in relation to any matter under this Act; or
  - (d) the medical practitioner who has signed the medical certificate in connection with this application; or
  - (e) a guardian of the adult or a welfare or continuing attorney of the adult; or
  - (f) a person who is authorised under an intervention order in relation to the adult.

Select (a) or (b) below

- (a) I have no pecuniary interest in this application.
- (b) I have a pecuniary interest in this application.

The nature and extent of that interest is:

The countersignatory must now complete this question providing as much relevant information as possible.

Please comment below on how you feel that the applicant is a fit and proper person and has the ability to carry out the functions of withdrawer:

SIGNATURE OF COUNTERSIGNATORY:

PRINT NAME:

DATE:

**This application form must be lodged with the Office of the Public Guardian no later than 14 days after the date the form is countersigned.**

# Checklist For Applicant

Have you completed all the relevant sections.

Have all persons signed and dated the form.

Has medical certificate (SSI No 76) and, where appropriate, medical certificate (SSI No 79) been completed and enclosed.

Has the form been countersigned and dated.

Have you enclosed the relevant fee. Your cheque should be made payable to the "Scottish Court Service".

Is the application form being submitted to the Public Guardian within 14 days of the date it is signed by the countersignatory, or within 14 days of the date it is signed by the applicant, where no countersignatory has been required.

**Scottish Statutory Instrument 2008 No. 51  
(Previously SSI No. 76)**

**Regulation 3**

Adults with Incapacity (Scotland) Act 2000 (“the Act”)

**Certificate of incapacity to accompany an application to the Public Guardian under section 24C, 24D or 25**

I .....(Full Name)

of .....

(Professional Address) in my capacity as ..... (1)

have examined the following patient on .....(Date),

.....(Patient’s Name)

of .....

.....(Address) ...../...../..... (Date of Birth)

I am of the opinion that he/she is incapable in relation to decisions about, or incapable of acting to safeguard or promote his/her interests in, his/her funds.

I am of the opinion that the patient named above is incapable in terms of section 27B of the Act because of:

mental disorder <sup>(2)</sup> and/or

inability to communicate because of physical disability <sup>(3)</sup>

Brief description of mental disorder/inability to communicate .....

.....

.....

(Signed) .....

(Date) .....

(1) the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder.

(2) mental disorder has the meaning given to it in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, namely that it means any mental illness; personality disorder or learning disability however caused or manifested, but an adult is not mentally disordered by reason only of sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; or acting as no prudent person would act.

(3) one of these **must** be deleted unless both apply.

# SCOTTISH STATUTORY INSTRUMENT 2001 No 79

## Adults with Incapacity (Scotland) Act 2000 ("the Act")

Evidence to inform decision to dispense with notification to adult with incapacity in terms of Sections 7(1)(d) and 11(2) of the Act.

IMPORTANT: This form is to be completed by two medical practitioners.

### A: First Medical Practitioner:

I .....(Full Name)

of .....(Professional Address)

have examined the following patient on .....(Date), in my capacity as

.....\*

to .....(Patient's Name)

.....(Date of Birth), of .....

.....(Patient's Address)

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is .....

.....

.....(Signed) .....(Date)

### B: Second Medical Practitioner:

I .....(Full Name)

of .....(Professional Address)

have examined the following patient on .....(Date), in my capacity as

.....\*

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is.....

.....

.....(Signed) .....(Date)

\* the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder