



## Power of Attorney Registration Form & Guidance Note

- **Make sure your power of attorney (PoA) has been drafted before completing the registration form**
- **Only use this form when sending your PoA documentation by post**
- **You only need to send us the pages of the form that you have completed**
- **Please don't use staples/paperclips**

<p><b>Section 1 - Granter</b></p>	<p>Tell us about the person granting/making the PoA. Please also provide their date of birth.</p> <p>We will send a copy of the registered PoA to the granter for their records either by post or e-mail. The granter's email address or an email address they have given permission to use must be provided if their copy is to be e-mailed to them.</p> <p>The law says that someone who is currently declared as bankrupt cannot make a PoA to deal with their property or financial affairs. For the purposes of the Adults with Incapacity (Scotland) 2000 Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.</p>
<p><b>Section 2 - Attorneys</b></p>	<p>Use this section to tell us about a sole or any joint attorneys appointed and named in the PoA. These attorneys need to sign the form to confirm they are:</p> <ul style="list-style-type: none"> <li>• freely willing to accept the appointment,</li> <li>• willing to act on behalf of the granter, and under no pressure to do so; and</li> <li>• over the age of 16</li> <li>• not currently declared bankrupt*</li> </ul> <p>If more than 2 attorneys are appointed, you can make further copies of section 2.</p> <p>Attorneys who have been granted continuing powers, i.e. powers to deal with financial and or property matters cannot take on the role or act if they are declared as bankrupt or a protected trust deed has been granted. Being appointed as attorney is a position of trust and you must not take advantage of that position. For more information about the duties and responsibilities as attorney, please refer to the <a href="#">Office of the Public Guardian website</a> and to our attorney <a href="#">factsheet</a></p>
<p><b>Section 3 - Sender</b></p>	<p>When the PoA is registered, the certificate of registration will be issued to the sender. This is the person who is sending the documentation to us.</p>
<p><b>Section 4 - Substitutes</b></p>	<p>Tell us about any substitute attorneys that are appointed. If more than 2 are appointed, you can make further copies of section 4. Substitutes do not need to sign at this stage but they do need to tell us when they are taking up the appointment.</p>
<p><b>Section 5 - Specified persons</b></p>	<p>The legislation allows for up to 2 specific people to receive a copy of the registered PoA. If it's the granter's wish that copies of the PoA are to be sent, then this must be stated in the PoA along with the names and addresses of the specified persons. This copy is for information purposes/record keeping only.</p> <p>If the copy is to be sent by e-mail please provide an e-mail address which the specified person has given permission to use.</p>



**Checklist: have you got everything in order?**  
**Failure to submit valid documentation will lead to rejection**

**Power of Attorney document, check that it ...**



- is signed and dated by the granter
- includes a clear statement confirming that the powers are continuing and/or welfare
- has a statement confirming the granter has considered how their incapacity is to be determined if welfare powers are granted
- has a statement confirming the granter has considered how their incapacity will be determined if continuing powers are to start on the granter's incapacity
- states names and addresses of up to 2 specified persons, where relevant
- has a Schedule 2 certificate enclosed if the PoA document revokes a PoA that was previously made

**Prescribed Certificate (SSI 56/2008) Schedule 1, check ...**



- section 1 - the granter's name **exactly** matches the name stated in the PoA
- section 2 - the date matches the date the granter signed the PoA
- section 3 - the correct box is ticked and matches the powers granted in the PoA
- section 4 - the names of the sole/joint attorneys exactly match the names in the PoA
- section 5 - at least 1 box is ticked at section 5(2). If 5(2)(b) is ticked tell us who was consulted (it's best practice that this isn't the attorney/substitute attorney)
- the certificate is signed and dated either by a practising Scottish solicitor or a licensed medical doctor or practising legal advocate
- the person signing the certificate has stated their profession and business address
- the person signing the certificate is not the attorney/substitute attorney



**Registration form, make sure ...**

- is fully completed, the guidance notes will help you
- all sole/joint attorneys have signed to confirm they are freely willing to act



**Registration fee, check ...**

- your cheque is made out to 'The Scottish Courts and Tribunals Service'
- the [current registration fee](#) can be found on our website or by contacting us



**Send the PoA document, schedule 1 Certificate registration form and fee to:**

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

- Tel: 01324 678300
- E-Mail: [opg@scotcourts.gov.uk](mailto:opg@scotcourts.gov.uk)
- Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)
- Twitter: PublicGuardian@OPGScotland

This form should be used when using the postal registration system

# PoA Registration Form

Office of the  
Public Guardian (Scotland)



## Section 1 - Granter's details

Title	
Surname	
Forename	
Middle name	
Date of birth	
House name	
House number	
Street	
Locality	
City	
County	
Country	
Post code - required for UK addresses	
Phone number	
E-mail address - please provide if the registered copy is to be e-mailed to the granter	

## Granter's ethnic origin - this information is for monitoring purposes only

White Scottish	<input type="checkbox"/>	Other White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other (South Asian)	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Black Scottish and Other Black	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Other	<input type="checkbox"/>		

## Section 2.1 - Attorney's details

<b>Title</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Forename</b>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>
<b>Company name</b>	<input type="text"/>
<b>House name</b>	<input type="text"/>
<b>House number</b>	<input type="text"/>
<b>Street</b>	<input type="text"/>
<b>Locality</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>County</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Post code - required for UK addresses</b>	<input type="text"/>
<b>Phone number</b>	<input type="text"/>
<b>E-mail address</b>	<input type="text"/>

**Please tick the boxes that apply:**

Type of powers:       Continuing       Welfare       Both

Relationship to granter:       Spouse       Partner       Civil Partner       Other

Relative       Friend       Professional

## Your Duties and Responsibilities as Attorney

Please ensure you have read and understood the following points. If you are unsure whether you are, or are not, able to comply with any of the requirements below, report this to the person who has sent you this form.

- You must respect the general principles of the [Adults with Incapacity \(Scotland\) Act 2000](#) found in section 1.
- You should consult and respect the [Code of Practice for Continuing and Welfare Attorneys](#)
- If called upon to act, you must ensure that every measure is taken to support the granter of this power of attorney to make their own decision on any matter, or otherwise to allow them to exercise their legal capacity.
- You must ensure that any decision made on behalf of the granter respects their rights, will and preferences and takes account of any known wishes and feelings, past or present.
- You must communicate with relevant parties and take account of their views.
- You must act within the scope of the powers granted to you.
- You must keep appropriate records.
- You are in a position of trust and must not take advantage of that position.

## Declaration by Attorney

I confirm by signing below that:

- I am over the age of 16 and willing, freely, to accept the appointment of attorney.
- I am not currently declared bankrupt (continuing attorneys only). For the purposes of the Adults with Incapacity (Scotland) 2000 Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted. Bankruptcy makes a continuing appointment invalid but does **not** affect a welfare appointment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

The Office of the Public Guardian reserves the right at any time to ask for evidence that the appointed attorney is prepared to act.

## Section 2.2 - Attorney's details

<b>Title</b>	
<b>Surname</b>	
<b>Forename</b>	
<b>Middle name</b>	
<b>Company name</b>	
<b>House name</b>	
<b>House number</b>	
<b>Street</b>	
<b>Locality</b>	
<b>City</b>	
<b>County</b>	
<b>Country</b>	
<b>Post code - required for UK addresses</b>	
<b>Phone number</b>	
<b>E-mail address</b>	

**Please tick the boxes that apply:**

Type of powers:       Continuing       Welfare       Both

Relationship to granter:       Spouse       Partner       Civil Partner       Other

Relative       Friend       Professional

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- You should consult and respect the [Code of Practice for Continuing and Welfare Attorneys](#)
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- You must keep appropriate records.
- You are in a position of trust and must not take advantage of that position.

## Declaration by Attorney

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Office of the Public Guardian reserves the right at any time to ask for evidence that the appointed attorney is prepared to act.

## Section 3 - Sender's details

**Have the sender's details already been entered in a previous section?**

Yes - enter the sender's full name only in this section

No - enter the sender's full name and address below

<b>Title</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Forename</b>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>
<b>Company name</b>	<input type="text"/>
<b>House name</b>	<input type="text"/>
<b>House number</b>	<input type="text"/>
<b>Street</b>	<input type="text"/>
<b>Locality</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>County</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Post code - required for UK addresses</b>	<input type="text"/>
<b>Phone number</b>	<input type="text"/>
<b>E-mail address</b>	<input type="text"/>



## Section 4.1 - Substitute attorney's details

<b>Title</b>	
<b>Surname</b>	
<b>Forename</b>	
<b>Middle name</b>	
<b>Company name</b>	
<b>House name</b>	
<b>House number</b>	
<b>Street</b>	
<b>Locality</b>	
<b>City</b>	
<b>County</b>	
<b>Country</b>	
<b>Post code - required for UK addresses</b>	
<b>Phone number</b>	
<b>E-mail address</b>	

**Please tick the boxes that apply:**

Type of powers:       Continuing       Welfare       Both

Relationship to granter:       Spouse       Partner       Civil Partner       Other

Relative       Friend       Professional

## Section 4.2 - Substitute attorney's details

<b>Title</b>	
<b>Surname</b>	
<b>Forename</b>	
<b>Middle name</b>	
<b>Company name</b>	
<b>House name</b>	
<b>House number</b>	
<b>Street</b>	
<b>Locality</b>	
<b>City</b>	
<b>County</b>	
<b>Country</b>	
<b>Post code - required for UK addresses</b>	
<b>Phone number</b>	
<b>E-mail address</b>	

**Please tick the boxes that apply:**

Type of powers:       Continuing       Welfare       Both

Relationship to granter:       Spouse       Partner       Civil Partner       Other

Relative       Friend       Professional

## Section 5.1 - Specified persons

Only complete this section if it is stated in the PoA that the person is to receive a copy of the PoA. If this person is an attorney or sender, please complete their name

<b>Title</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Forename</b>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>
<b>Company name</b>	<input type="text"/>
<b>House name</b>	<input type="text"/>
<b>House number</b>	<input type="text"/>
<b>Street</b>	<input type="text"/>
<b>Locality</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>County</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Post code - required for UK addresses</b>	<input type="text"/>
<b>Phone number</b>	<input type="text"/>
<b>E-mail address - please provide if the registered copy is to be e-mailed to the specified person</b>	<input type="text"/>

## Section 5.2 - Specified persons

Only complete this section if it is stated in the PoA that the person is to receive a copy of the PoA. If this person is an attorney or sender, please complete their name

<b>Title</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Forename</b>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>
<b>Company name</b>	<input type="text"/>
<b>House name</b>	<input type="text"/>
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<b>Street</b>	<input type="text"/>
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<b>City</b>	<input type="text"/>
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<b>Country</b>	<input type="text"/>
<b>Post code - required for UK addresses</b>	<input type="text"/>
<b>Phone number</b>	<input type="text"/>
<b>E-mail address - please provide if the registered copy is to be e-mailed to the specified person</b>	<input type="text"/>

Office of the Public Guardian (Scotland),

Hadrian House, Callendar Business Park, Callendar Road, Falkirk,  
FK1 1XR

DX: 550360 Falkirk 3

01324 678398

[www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

[opg@scotcourts.gov.uk](mailto:opg@scotcourts.gov.uk)

Twitter: Public Guardian@OPGScotland

We update our web news page and twitter page weekly with the dates of the PoAs we are working on. This means you can check when the PoA is likely to be processed