

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

1. This certificate is incorporated in the document subscribed by

Insert name of granter

2. On

Insert date subscribed

3. That confers a

Tick appropriate box – tick one box only

- Continuing power of attorney (i.e. confers property or financial powers only)
- Welfare power of attorney (i.e. confers welfare powers only)
- 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)

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: