SCHEDULE 2

Regulation 3

CERTIFICATE UNDER SECTION 22A(2)(b) OF THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 TO BE INCORPORATED IN NOTICE REVOKING A POWER OF ATTORNEY

1. This certificate is incorporated in the revocation notice subscribed by

Insert name of granter

2. On

Insert date subscribed

3. That revokes

(tick the appropriate box to indicate what is being revoked)

All powers granted in the power of attorney

or Specific powers granted in the power of attorney (which power or powers have been specified in the revocation notice of which this forms part)

4. In relation to

Insert name(s) of Attorney(s) whose powers are being revoked

5. Declaration of Certifier

Note: any person signing this certificate should not be the person to whom the power of attorney was granted.

I certify that

- 1. I interviewed the granter *immediately* before he/she subscribed this revocation notice;
- 2. I am satisfied that, at the time this revocation notice was subscribed, the granter understood its effect; 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

3. I have no reason to believe the granter was acting under undue influence or that any other factor vitiates this revocation.

Signed:
Print name:
Profession:
Address:
Date: