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SCHEDULE 1

Regulation 2

CERTIFICATE UNDER SECTION 15(3)(c) OF THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 TO BE INCORPORATED IN A DOCUMENT GRANTING A CONTINUING POWER OF ATTORNEY

Insert names and date

This certificate is incorporated in the document subscribed by

_____ (“the grantor”) on

_____ that confers a continuing power of attorney on

I certify that:

Insert date

A. I interviewed the grantor on _____ immediately before he/she subscribed this continuing power of attorney

AND

B. I am satisfied that, at the time this continuing power of attorney was granted, the grantor understood its nature and extent

I have satisfied myself of this:

Delete either (a) or (b) if not applicable. Both may apply but one must apply

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

(b) because I have consulted the following persons, who have knowledge of the grantor on the matter:

Insert names, designations, addresses and relationship with grantor, if any

AND

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

Include full name, and state whether address given is business or personal

Signed: _____ Date: _____

Print name: _____

Profession: _____

Address: _____

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