

OFFICE OF THE PUBLICAN GUARDIAN
SCOTTISH POWER OF ATTORNEY UNDER
THE ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2000

**CERFITICATE OF REGISTRATION OF POWER OF
ATTORNEY**

Certificate Number

Case Reference Number

I hereby certify that the attached Power of Attorney granted by

on 15 March 2002

has been registered with the Office of the Public Guardian in
terms of the Adults with Incapacity (Scotland) Act 2000
Section 19.

Public Guardian

08 April 2002

Please keep this certificate and attached document in a safe place.

If this Certificate is found please return it to the Public Guardian

*The Office of the Public Guardian, Hadrian House, Callendar Business Park, Falkirk FK1
1XR*

Tel: 01324 678 300

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

e-mail: opg@scotcourts.gov.uk

Continuing and Welfare Power of Attorney

By name of customer

1. **Appointment**

1.1 I *name of customer and address* appoint *name and address of attorney* to be my continuing attorney in terms of section 15 of the Adults with Incapacity (Scotland) Act 2000 (which net and any subsequent amendments of that is referred to as the “Act”).

1.2 I appoint the said *name of attorney* to be my welfare attorney in terms of section 16 of the said Act.

1.3 My continuing attorney and my welfare attorney are each referred to as my “Attorney”.

2 **General Powers**

2.1 My Attorney may manage my whole affairs as my Attorney thinks fit and shall have full power for me and in my name of their own names as my Attorney to do everything regarding my estate which I could do myself and that without limitation by reason of anything contained in this power of attorney or otherwise.

2.2 In the event of my being incapable in terms of the Act in relation to decisions about my personal welfare, or in the event that my Attorney reasonably believes that that is the case, then my Attorney may make decisions on my behalf in relation to my personal welfare.

2.3 My Attorney shall be subject to the requirements of the Act.

2.4 Without prejudice to these general powers my Attorney shall have the powers set out in the following clauses.

3. **Particular continuing powers**

My Attorney may

3.1 Collect, sue for, receive, discharge and settle all sums, property or rights due to or which may become due to me;

3.2 Draw cheques on and sign forms of withdrawal to uplift money from, or credit money to, or open or close, any accounts in my name including accounts held in common with other persons;

- 3.3 Authorize expenditure for any service or for the purchase of any item which is required for my benefit, and pay any accounts incurred by me for my benefit;
- 3.4 Invest any sum or sums which may be available for investment in such a way as my Attorney in their discretion may think best; and vary the terms of any investment; and purchase any property heritable or moveable wherever situated including property held in common with other persons;
- 3.5 Exchange, sell or lease by public auction or private contract any part of the property, heritable or moveable wherever situated from time to time belonging to me;
- 3.6 Have access to any information regarding my financial affairs;
- 3.7 Give up and sign on my behalf all returns, claims and forms which may be required in connection with my liability to taxation;
- 3.8 Administer and manage any heritable property wherever situated in which I may be interested; repair, maintain, renew and improve the same and erect additional buildings and structures; grant, accept, vary and terminate leases and rights of tenancy or occupancy; plan, thin and cut down timber; work or let minerals; grant or accept feus; excamb land; all as my Attorney may think proper and as if they were the owners of the property;
- 3.9 Commence, run, sell or wind up, whether alone or in conjunction with other persons, any business; appoint or employ any person (including himself) in any capacity in relation to such a business and pay suitable remuneration; delegate the running of such a business to any extent that my Attorney may think proper;
- 3.10 Raise or defend any action or judicial or other proceedings in which I am or may be interested so far as they may consider necessary or expedient, refer to arbitration any questions or disputes which I am or may become involved; appeal against, enforce or implement any judgement, order or award and appear or instruct appearance on my behalf before any tribunal, commission or other official inquiry;
- 3.11 Attend, act and vote for me at all meetings of any company or partnership in which I may be interested;
- 3.12 Continue any guarantee or indemnity I may have given, or grant or join in any guarantee or indemnity in respect of any obligation due or to become due by any person;

- 3.13 Borrow or lend with or without security, jointly with others or severally;
- 3.14 Make gifts of my property of whatever sort and however situated to any of my spouse, my children and remoter issue, any other person, charity or organisation to whom I have been in the habit of making gifts, trusts established for the benefit in any way of any of these, and any trust for the administration of my affairs, establish any trust for the benefit of any of these persons, sign a deed of variation of any testamentary provision in my favour for the benefit of any of these persons; and pay any tax chargeable in respect of such gifts;
- 3.15 Have access to confidential information about my will and other testamentary provisions;
- 3.16 Employ solicitors, factors, stockbrokers, investment managers, brokers or other agents, delegate to them such powers as my Attorney thinks fit; act themselves in any of these ways if qualified, and pay themselves, if so acting, and also for acting as my Attorney, the usual professional remuneration;
- 3.17 Reimburse themselves for any reasonable outlays or out of pocket expenses incurred while acting as my Attorney.

4. **Particular welfare powers**

My Attorney may

- 4.1 Decide what care and accommodation may be appropriate to me;
- 4.2 Consent to any medical treatment or procedure or therapy of whatever nature my Attorney may decide is for my benefit and may provide access for that, or may refuse such consent;
- 4.3 Consent to any medical research involving me but subject to the restrictions in the Act;
- 4.4 Decide about my taking part in education, training, work, holidays, and cultural or social activities;
- 4.5 Make decisions on my dress, diet and personal appearance;
- 4.6 Exercise any rights of access I have in relation to personal data and records;
- 4.7 Take any legal action on my behalf involving my personal welfare;

- 4.8 Receive the usual remuneration for acting as a solicitor or otherwise in the exercise of this welfare power of attorney;
- 4.9 Be reimbursed for any reasonable outlays or out of pocket expenses incurred while acting as my Attorney.

5 **Validity of decisions**

All decisions which may be made and all documents which may be granted by my Attorney shall be equally valid and binding as if made or granted by me.

6 **Recall**

This continuing and welfare power of attorney shall subsist until it is recalled by a writing signed by me or until my death.

This document is executed as follows:

Signature of witness

Signature of

Full name of witness

Date of signing

Address of witness

Place of signing

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

| | |
|--|---|
| <p><i>Insert names and date</i></p> | <p>This certificate is incorporated in the document subscribed by</p> <p>("the granter") on</p> <p>that confers a continuing power of attorney on</p> |
| <p><i>Insert date</i></p> | <p>I certify that:</p> <p>A. I interviewed the granter on</p> <p>Immediately before he/she subscribed this continuing power of attorney</p> <p>AND</p> <p>B. I am satisfied that, at the time this continuing power of attorney was granted, the granter understood its nature and extent</p> <p>I have satisfied myself of this:</p> |
| <p><i>Delete either (a) or (b) if not applicable. Both may apply but one must apply.</i></p> | <p>(a) because of my own knowledge of the granter;</p> <p>(b) because I have consulted the following persons, who have knowledge of the granter on the matter -</p> |

| | |
|---|---|
| <p><i>Insert names, designations, addresses and relationship with granter, if any</i></p> | <p>AND</p> <p>(c) I have no reason to believe that the granter was acting under undue influence or that any other actor vitiates the granting of this continuing power of attorney.</p> |
| <p><i>Include full name, and state whether address given is business or personal</i></p> | <p>Signed:</p> <p>Date:</p> <p>Print name:</p> <p>Profession:</p> <p>Address:</p> <p>Note: any person signing this certificate should not be the person to whom this continuing power of attorney has been granted.</p> |

SCHEDULE 2

Regulation 3

CERTIFICATE UNDER SECTION 16(3)(c) OF THE ADULTS WITH INCAPACITY (SCOTLAND) ACT TO BE INCORPORATED IN A DOCUMENT GRANTING A WELFARE POWER OF ATTORNEY

| | |
|--|---|
| <p><i>Insert names and date</i></p> | <p>This certificate is incorporated in the document subscribed by</p> <p>("the granter") on</p> <p>that confers a welfare power of attorney on</p> |
| <p><i>Insert date</i></p> | <p>I certify that:</p> <p>A. I interviewed the granter on</p> <p>Immediately before he/she subscribed this welfare power of attorney</p> <p>AND</p> <p>B. I am satisfied that, at the time this welfare power of attorney was granted, the granter understood its nature and extent</p> <p>I have satisfied myself of this:</p> |
| <p><i>Delete either (a) or (b) if not applicable. Both may apply but one must apply.</i></p> | <p>(a) because of my own knowledge of the granter;</p> <p>(b) because I have consulted the following persons, who have knowledge of the granter on the matter -</p> |

| | |
|---|---|
| <p><i>Insert names, designations, addresses and relationship with granter, if any</i></p> | <p>AND</p> <p>(c) I have no reason to believe that the granter was acting under undue influence or that any other actor vitiates the granting of this continuing power of attorney.</p> |
| <p><i>Include full name, and state whether address given is business or personal</i></p> | <p>Signed:</p> <p>Date:</p> <p>Print name:</p> <p>Profession:</p> <p>Address:</p> <p>Note: any person signing this certificate should not be the person to whom this continuing power of attorney has been granted.</p> |

