

SAMPLE



OFFICE OF THE PUBLIC GUARDIAN

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

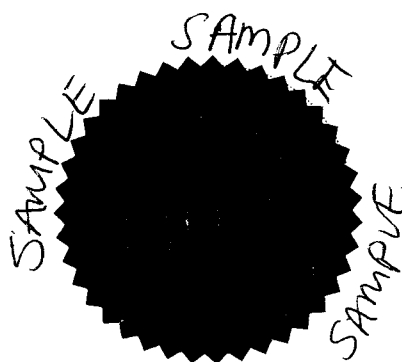
CERTIFICATE OF REGISTRATION OF POWER OF ATTORNEY

Certificate Number 000/00000  
Case Reference Number PG/O/00/2001

I hereby certify that the attached Power of Attorney granted by  
Name of Granter on 1<sup>st</sup> April 2007 appointing name of Attorney(s)  
has been registered with the Office of the Public Guardian in  
terms of the Adults with Incapacity (Scotland) Act 2000 Section  
19.

Sandra McDonald

Public Guardian  
12<sup>th</sup> June 2007



*This seal appears red on the original  
and all bound pages are embossed*

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



INVESTOR IN PEOPLE

## CWPA(2)

EXAMPLE

### Continuing and Welfare Power of Attorney (CWPA) (more than one attorney appointed)

#### Appointment

I, \_\_\_\_\_, residing at \_\_\_\_\_, appoint \_\_\_\_\_, residing at \_\_\_\_\_ and \_\_\_\_\_, residing at \_\_\_\_\_ to be my continuing attorneys ( my "Attorney") and each of them alone and the survivor of them in terms of section 15 of the Adults with Incapacity (Scotland) Act 2000 (which act and any subsequent amendment of that is referred to as the "Act")

I appoint the said \_\_\_\_\_ and \_\_\_\_\_ to be my welfare attorneys and each of them alone and the survivor of them as my attorney in terms of section 16 of the Act.

My continuing attorneys and my welfare attorneys are each referred to as my Attorney.

#### General Powers

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

In the event of my being incapable in terms of the Act 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. I have considered how my incapacity will be determined.

My attorney shall be subject to the requirements of the Act.

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

EXAMPLE

## Continuing Power of Attorney (CPA)

### A list of Financial Powers

1. To open, close, operate, any account containing my funds including those held in common with other persons.
2. To claim and receive on my behalf all pensions, benefits, allowances, services, financial contributions, repayments, rebates and the like to which I may be entitled.
3. To sign and endorse any cheques, deposits, receipts or bank drafts issued and to be issued in my name or made payable to me.
4. To sign and deliver deeds and documents.
5. To make all tax returns and adjust and settle any claim for tax.
6. To be allowed financial information concerning me.
7. To require disclosure to my attorney of any document or information regarding me, however confidential, including testamentary documents.
8. To pay my household expenses.
9. To effect, pay the premiums on, alter or surrender any insurance policy.
10. To buy, lease, sell and otherwise deal with any interest I may have in property of any kind or description and wherever situated.
11. To buy, sell or lease and otherwise deal with heritable property (land and buildings) on my behalf.
12. To borrow and grant security for any sum and to pay the interest and capital on any loan taken out by me or my Attorney on my behalf.
13. To receive or renounce any testamentary or other entitlements; to grant Deeds of Covenant or make any other provision for my estate; to set up any form of Trust.
14. To pay for private medical care and residential care costs.
15. To pay any debt or claim owing by or to me.

EXAMPLES

16. To raise, defend, compromise and settle any court action and enforce any decree.
17. To make, settle, compromise, discharge and refer to arbitration, any claim
18. To make gifts on behalf of me, including any limits on the size of such gifts or the potential recipients.
19. To run, sell or wind up any business belonging to me.
20. To pay for me to go on holiday and for the expenses of any accompanying carer/carers.
21. To purchase out of my income or capital, a vehicle or any other equipment which may be required for my benefit.
22. To employ Bankers, Brokers, Solicitors Counsel, Accountants, Managers, Factors or Agents of any kind for the management of any of my affairs at the usual professional rate of payment.
23. To implement such tax planning or similar arrangements as my Attorney may deem suitable.
24. To incur expenditure on behalf of others as, in the judgement of my Attorney, acting reasonably, I myself would have done if consulted or able to be consulted; including (with prejudice to the generality of the foregoing) expenditure for any children or other dependants of mine.

EXAMPLE

## Welfare Power of Attorney (WPA)

### A list of Welfare Powers

1. To decide where my permanent place of residence should be
2. To decide what care and accommodation may be appropriate for me
3. To consent on my behalf to any medical treatment not specifically disallowed by the Act
4. To consent to any medical treatment or procedure or therapy of whatever nature my attorney may decide is for my benefit and provide access for that, or refuse such consent
5. To decide, alone or with others, on the level of care which I require
6. To take any legal action on my behalf involving my personal welfare
7. To make such decisions relating to my dress, diet and personal appearance as are appropriate
8. To make such decisions regarding my social and cultural activities
9. To exercise any rights of access I have in relation to personal data and records
10. To decide with whom I should or should not consort
11. To arrange for me to undertake work, education or training
12. To take me on holiday or authorise someone else to do so
13. My Attorney is to be reimbursed for any reasonable outlays or out of pocket expenses while acting on my behalf

Example

**Validity of documents**

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

**Recall**

The continuing and welfare power of attorney shall remain in existence until it is recalled by me in writing or until my death.

**Testing Clause**

This document is executed as follows:-

-----  
Signature of Witness

-----  
Signature of Granter

-----  
Full name of witness (print)

-----  
(Address of witness)

-----  
Date of signing

-----

-----  
Place of signing

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EXAMPLE

**CERTIFICATE UNDER SECTION 15(3)(c) OF THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000**

This certificate is incorporated in the document subscribed by (the "granter") on Two thousand and that confers a continuing power of attorney on

I certify that:

- A I have interviewed the granter on Two thousand and immediately before he/she subscribed this continuing power of attorney;
- B I am satisfied that at the time this continuing power of attorney was granted the granter understood its nature and extent.

I have satisfied myself of this:

- a. because of my own knowledge of the granter;
- b. because I have consulted the following persons who have knowledge of the granter on the matter:

And

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

Signed..... Date.....

Print Name.....

Profession.....

Business address.....

EXAMPLE

**CERTIFICATE UNDER SECTION 16(3)(c) OF THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000**

This certificate is incorporated in the document subscribed by (the "granter") on Two thousand and that confers a welfare power of attorney on

I certify that:

- A I have interviewed the granter on Two thousand and immediately before he/she subscribed this welfare power of attorney;
- B I am satisfied that at the time this welfare power of attorney was granted the granter understood its nature and extent.

I have satisfied myself of this:

- a. because of my own knowledge of the granter;
- b. because I have consulted the following persons who have knowledge of the granter on the matter:

And

- c. I have no reason to believe that the granter was acting under undue influence or that any other factor vitiates the granting of this welfare power of attorney.

Signed..... Date.....

Print Name.....

Profession.....

Business address.....