

CERTIFICATE UNDER S.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 granter") on

that confers a continuing power of attorney on

I certify that:

Insert Date

A. I interviewed the granter 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 granter 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 granter;

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

*Insert names, designations, addresses
and the relationship with granter, if any*

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

*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 the above continuing power of attorney has been granted.
