

# Powers of Attorney Registration Form - Scotland

Note: You can save this form on your computer at any time during completion, to do so, click on the logo representing a floppy disk on the toolbar in acrobat reader, or click in "File" then "Save as" in the acrobat reader's menu.

## Section 1 - Granter

TITLE	<input type="text"/>
SURNAME	<input type="text"/>
FORENAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
HOUSE NAME	<input type="text"/>
HOUSE NO	<input type="text"/>
STREET	<input type="text"/>
LOCALITY	<input type="text"/>
CITY	<input type="text"/>
COUNTY	<input type="text"/>
COUNTRY	<input type="text"/>
POSTCODE	<input type="text"/>
PHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

### ETHNIC ORIGIN OF GRANTER

The information below is for monitoring purposes only. If you prefer not to complete this section please leave it blank.

White Scottish		Other White British		White Irish	
Other White		Indian		Pakistani	
Bangladeshi		Other (South) Asian		Chinese	
Caribbean		African		Black Scottish and Other Black	
Mixed		Other			

## Section 2 - Nature of Power

CONTINUING

WELFARE (Please tick either or both)

## Section 3 - Attorney(s)

ARE THERE SOLE OR JOINT ATTORNEYS?

SOLE - please complete section 3.1 only

JOINT - please complete sections 3.2 – 3.5 as applicable (do not complete section 3.1)

### 3.1 Sole Attorney

TITLE	<input type="text"/>
SURNAME	<input type="text"/>
FORENAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
COMPANY NAME	<input type="text"/>
HOUSE NAME	<input type="text"/>
HOUSE NO	<input type="text"/>
STREET	<input type="text"/>
LOCALITY	<input type="text"/>
CITY	<input type="text"/>
COUNTY	<input type="text"/>
COUNTRY	<input type="text"/>
POSTCODE	<input type="text"/>
PHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

TYPE OF APPOINTMENT	CONTINUING	WELFARE
RELATIONSHIP TO GRANTER	RELATIVE	PROFESSIONAL
	FRIEND/OTHER	

IF RELATIVE, PLEASE GIVE DETAILS

I confirm that I am willing to act as Attorney and that I am not currently declared bankrupt (Continuing only)

For the purposes of this Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.

SIGNED  DATE

## 3.2 Joint Attorney

TITLE

SURNAME

FORENAME

MIDDLE NAME

COMPANY NAME

HOUSE NAME

HOUSE NO

STREET

LOCALITY

CITY

COUNTY

COUNTRY

POSTCODE

PHONE NUMBER

E-MAIL ADDRESS

TYPE OF APPOINTMENT

CONTINUING

WELFARE

RELATIONSHIP TO GRANTER

RELATIVE

PROFESSIONAL

FRIEND/OTHER

IF RELATIVE, PLEASE GIVE DETAILS

I confirm that I am willing to act as Attorney and that I am not currently declared bankrupt (Continuing only)

For the purposes of this Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.

SIGNED

DATE

### 3.3 Joint Attorney

TITLE

SURNAME

FORENAME

MIDDLE NAME

COMPANY NAME

HOUSE NAME

HOUSE NO

STREET

LOCALITY

CITY

COUNTY

COUNTRY

POSTCODE

PHONE NUMBER

E-MAIL ADDRESS

TYPE OF APPOINTMENT

CONTINUING

WELFARE

RELATIONSHIP TO GRANTER

RELATIVE

PROFESSIONAL

FRIEND/OTHER

IF RELATIVE, PLEASE GIVE DETAILS

I confirm that I am willing to act as Attorney and that I am not currently declared bankrupt (Continuing only)

For the purposes of this Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.

SIGNED

DATE

### 3.4 Joint Attorney

TITLE

SURNAME

FORENAME

MIDDLE NAME

COMPANY NAME

HOUSE NAME

HOUSE NO

STREET

LOCALITY

CITY

COUNTY

COUNTRY

POSTCODE

PHONE NUMBER

E-MAIL ADDRESS

TYPE OF APPOINTMENT

CONTINUING

WELFARE

RELATIONSHIP TO GRANTER

RELATIVE

PROFESSIONAL

FRIEND/OTHER

IF RELATIVE, PLEASE GIVE DETAILS

I confirm that I am willing to act as Attorney and that I am not currently declared bankrupt (Continuing only)

For the purposes of this Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.

SIGNED

DATE

### 3.5 Joint Attorney

TITLE

SURNAME

FORENAME

MIDDLE NAME

COMPANY NAME

HOUSE NAME

HOUSE NO

STREET

LOCALITY

CITY

COUNTY

COUNTRY

POSTCODE

PHONE NUMBER

E-MAIL ADDRESS

TYPE OF APPOINTMENT

CONTINUING

WELFARE

RELATIONSHIP TO GRANTER

RELATIVE

PROFESSIONAL

FRIEND/OTHER

IF RELATIVE, PLEASE GIVE DETAILS

I confirm that I am willing to act as Attorney and that I am not currently declared bankrupt (Continuing only)

For the purposes of this Act, a person is bankrupt if their estate has been sequestrated for insolvency or a protected trust deed has been granted.

SIGNED

DATE

## Section 4 – Sender

When the power of attorney is registered the Certificate of Registration will be issued to the sender.

HAVE THE SENDER'S DETAILS ALREADY BEEN ENTERED IN A PREVIOUS SECTION?

YES – please enter the sender's full name only in section 4

NO – please enter the sender's full name and address details in section 4

TITLE	<input type="text"/>
SURNAME	<input type="text"/>
FORENAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
COMPANY NAME	<input type="text"/>
HOUSE NAME	<input type="text"/>
HOUSE NO	<input type="text"/>
STREET	<input type="text"/>
LOCALITY	<input type="text"/>
CITY	<input type="text"/>
COUNTY	<input type="text"/>
COUNTRY	<input type="text"/>
POSTCODE	<input type="text"/>
PHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

ARE THERE ANY SUBSTITUTE ATTORNEY(S)?

YES – please go to section 5

NO – are there any specified persons?

YES – please go to section 6

NO – the form is now complete, please go to the checklist at the end



# Section 5 - Substitute Attorney(s)

## First Substitute Attorney

TITLE	<input type="text"/>
SURNAME	<input type="text"/>
FORENAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
COMPANY NAME	<input type="text"/>
HOUSE NAME	<input type="text"/>
HOUSE NO	<input type="text"/>
STREET	<input type="text"/>
LOCALITY	<input type="text"/>
CITY	<input type="text"/>
COUNTY	<input type="text"/>
COUNTRY	<input type="text"/>
POSTCODE	<input type="text"/>
PHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

TYPE OF APPOINTMENT	CONTINUING	WELFARE
RELATIONSHIP TO GRANTER	RELATIVE	PROFESSIONAL
	FRIEND/OTHER	
IF RELATIVE, PLEASE GIVE DETAILS	<input type="text"/>	

## Second Substitute Attorney (if applicable)

TITLE

SURNAME

FORENAME

MIDDLE NAME

COMPANY NAME

HOUSE NAME

HOUSE NO

STREET

LOCALITY

CITY

COUNTY

COUNTRY

POSTCODE

PHONE NUMBER

E-MAIL ADDRESS

TYPE OF APPOINTMENT

CONTINUING

WELFARE

RELATIONSHIP TO GRANTER

RELATIVE

PROFESSIONAL

FRIEND/OTHER

IF RELATIVE, PLEASE GIVE DETAILS

ARE THERE ANY SPECIFIED PERSONS?

YES – please go to section 6

NO – the form is now complete, please go to the checklist at the end

# Section 6 -Specified Persons

HAVE THE SPECIFIED PERSONS DETAILS ALREADY BEEN ENTERED IN A PREVIOUS SECTION?

YES – please enter the specified persons full name only in section 6

NO – please enter the specified persons full name and address details in section 6

## First Specified Person

TITLE	<input type="text"/>
SURNAME	<input type="text"/>
FORENAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
COMPANY NAME	<input type="text"/>
HOUSE NAME	<input type="text"/>
HOUSE NO	<input type="text"/>
STREET	<input type="text"/>
LOCALITY	<input type="text"/>
CITY	<input type="text"/>
COUNTY	<input type="text"/>
COUNTRY	<input type="text"/>
POSTCODE	<input type="text"/>
PHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

Second Specified Person (if applicable)

TITLE	
SURNAME	
FORENAME	
MIDDLE NAME	
COMPANY NAME	
HOUSE NAME	
HOUSE NO	
STREET	
LOCALITY	
CITY	
COUNTY	
COUNTRY	
POSTCODE	
PHONE NUMBER	
E-MAIL ADDRESS	

This form is now complete, Please now go to the checklist at the end.

# Power of Attorney Registration Checklist

## Power of Attorney Document

Power of Attorney is signed by granter

Incorporates a statement clearly expressing granter's intention that the power is continuing and/or welfare

Where welfare powers are granted – a statement is incorporated stating the granter has considered how their incapacity will be determined

Where financial powers are granted that are to start only on the granter's incapacity - a statement is incorporated stating the granter has considered how their incapacity will be determined

If copies are to be sent to specified individuals, this is stated within the document

Nothing in the document prevents registration (no springing clause)

If power of attorney revokes previous powers of attorney, a certificate in terms of SSI 56/2008 Schedule 2 is enclosed

## Prescribed Certificate

Certificate is in prescribed form (SSI 56/2008) Schedule 1. N.B. If conferring welfare and financial powers, a single certificate may be incorporated

Granter's name is entered and matches name on document

Date granter subscribed the power of attorney document is entered on certificate

Attorney(s) name(s) entered and this matches name(s) on document

At least 1 box ticked at section 5(2). Either (a) or (b) or both

Where appropriate, details of anyone else consulted is entered at (b). N.B. It is preferred that the nominated attorney is not the person consulted due to the potential conflict of interest

Certificate signed by a practising Scottish solicitor, registered and licensed medical practitioner or a practising legal advocate

Certifier details completed in full

Certifier is not the person granted power of attorney

## Registration Form

Registration form is completed

Attorney(s) have signed confirming they are willing to act

## Registration Fee

Correct fee enclosed - refer to OPG website

Cheque made out to 'The Scottish Court Service'

NB: Failure to submit a valid document will lead to its rejection.

The form is now complete, please only print the pages you have completed and send them together with the principal power of attorney document to:

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

**PLEASE DO NOT STAPLE THIS DOCUMENT ONCE PRINTED.**