

Access to Funds ATF(2)

Notes to complete Application Form



Notes to complete this Form



This form should be used where the applicant is an individual or organisation and wishes to apply to open a bank or building society account and/or access an adult's funds for the purpose of settling any debts incurred by the adult and for paying necessary day to day and ongoing costs on behalf of the adult.

If you require assistance to complete this form please contact the Office of the Public Guardian (OPG) where staff will be happy to help. Applicants should refer to the code of practice for access to funds when considering making use of this scheme.

Section 1 requests details of any existing authority, details of the applicant(s), of the adult and all other persons who may have an interest in the application and should be completed as fully as possible. In section 1.2 – details of the applicant; individual(s) should complete the part marked (Individuals Only) while organisations should complete the part marked (Organisations Only).

An applicant should be the person who intends to become a withdrawer. Where only one withdrawer is to be appointed a reserve may be identified. If not required or identified in this application, additional appointments may be applied for at a later time using forms ATF(3) and/or ATF(4) respectively.

Where an application, using form ATF(1) relating to the same adult, has previously been authorised there is no requirement to duplicate details of the other interested parties, e.g., nearest relative, primary carer etc. However, where personal details of such interested parties have changed this should be shown in the appropriate section ie section 1.5 to section 1.9.

Section 2 requests financial information and is in two parts.

Part A allows for basic financial transactions which are:

- The opening of a bank or building society account in the sole name of the adult if that person does not currently have a suitable account for that purpose;

- the operation of an existing or newly opened account in the sole name of the adult which will be known as the current account;
- deciding whether to continue existing standing orders or direct debits on the existing current account;
- identifying the adult's day to day and longer term needs and estimating the financial costs implications; and
- identifying any existing debts or specific purchase(s) which are not ongoing in nature but are required for the benefit of the adult.

This section should be completed in all instances and allows for an existing account to be identified as the adult's current account or an account to be opened for that purpose if no such suitable account exists. If the current account is an existing account it is important to consider what standing orders/direct debits may currently operate. If you wish such to continue you must identify them in this section otherwise they will cease when access to funds commences.

The applicant must identify the anticipated ongoing monthly expenditure required to meet the adult's financial needs and complete the appropriate section. This information is requested monthly to fit in with a time scale used by most financial institutions.

This is a reasonably straightforward process similar to that probably used in your own household budgeting. The aim is to ensure that the day to day and ongoing living expenses can be paid from the income/funds held in the account and/or savings.

Banks/Building Societies etc normally deal with financial matters in monthly periods consequently this is the period considered as best suited in this application. Care costs, however, are sometimes calculated in four weekly periods so some adjustment would be required. If, however, this does not suit the adult's particular needs you may wish to discuss this with staff at this office.

This section of the form is designed in a way that it covers most of the normal monthly costs such as utility bills, mortgage or rent, council tax etc. There is also a part for any other expenditure under the heading "other - please specify". It is not always possible to have a distinct heading for every eventuality and where an expected expenditure does not fit into the categories shown it should be identified as other and needs to be specified, for example, personal spending money.

The period of authority granted will generally be for 3 years initially but this may be increased or reduced on cause shown and with inflation and costs always on the increase there is a need to build in an amount for potential increases in costs.

The examples below show how this can be done.

Example 1: If the adult pays rent, currently payable at £100 monthly and calculated at £1,200 in year one (£100 x 12 months), you may wish to allow £1,360 to cover potential increase in year two and possibly £1,580 for year three. This would total £4,140 over the period of three years. Therefore you may wish to request £115 per month (£4,140 divided by 36 months) for rent in your application form. You should apply the same logic in terms of each heading. If you are not sure the staff at this office will assist.

Example 2: If the adult is in a care home and costs are currently payable at £250 weekly that would work out at £13,000 in year one (£250 x 52 weeks). If you estimate that costs might go up by approximately 10%, in year two you might expect the annual cost to be £14,300 and in year three this figure might be £15,730. So over the three year period you may require £43,030. This could be rounded up to £43,200 to cover the full three years, which divided by 36 (months) would be £1,200 monthly.

As indicated above the amounts requested do not need to be exact but it is important to be sure that there will be sufficient money in the designated account to ensure the adult is provided for by using his or her funds. Over estimating, within reason, will not be seen as detrimental to the adult.

The Public Guardian may request to see some form of evidence of anticipated expenditure, for example, utility bills, care home invoices etc as part of the application process.

The Public Guardian may apply a degree of flexibility in that anything which is seen to be reasonable and appropriate does not necessarily have to be supported by invoice or other form of evidence. However, the Public Guardian reserves the right to request further information or evidence when considering an application.

Remember to build in a figure in your calculations to cover inflation as shown in the examples opposite.

The access to funds process not only allows for regular ongoing expenses to be taken but also allows a one off lump sum to be requested. This is generally used where there has been a build up of costs due to the account not being accessible and debts building up which require to be paid. The example below shows how this can be done.

Example: An adult may have been in a home for a period of four months before the application is considered. If the care home costs were £2,000 per month this would build up a debt due of some £8,000 (£2,000 x 4 months). It normally takes four weeks to fully process an application to access funds therefore you should also request a further £2,000 to cover the debt which will continue to accrue until the certificate of authority is issued allowing you to pay off this debt. Therefore the lump sum request in this example should be £10,000.

The cost of the application and any other costs associated with obtaining the medical certificates may be identified as part of the lump sum and can then be reimbursed through the designated account once the lump sum is paid therein.

A lump sum request might look as follows:

Outstanding care costs	£10,000
Underpayment of council tax	£ 250
Medical certificate from Doctor	£ 100
OPG registration fee	£ 60
Total Lump Sum request	£10,410

Generally where a lump sum is requested the Public Guardian will expect to see evidence of its purpose in the form of an invoice or similar. In the example shown above the Public Guardian would expect to see an invoice relative to the outstanding care costs; council tax and the doctor's fee note.

The period of authority is normally set at three years but may be extended or reduced dependent on the needs of the adult and the level of funds available. If the period is to be other than three years the reason for such should be clearly identified.

Staff in the Office of the Public Guardian (OPG) will be happy to discuss the adult's financial needs with the withdrawer at any time.

Part B allows for other financial transactions which are:

- Request to transfer a specific amount of funds from the adult's current account to the designated account other than what has been identified in Section 2.1.2; 2.1.4 and 2.1.5 of the form
- You may transfer a specific amount of funds from the adult's current account to the adult's second account
- You may transfer a specific amount from the adult's current account, provided it is an original account, to any account as specified
- You may transfer a specific amount of funds from the designated account to the adult's second account
- You may transfer a specific amount of funds from any original account in the adult's sole name to the designated account, to the current account, to the second account or to any other such account as identified
- Where the second account is a new account you may only transfer funds therefrom to the designated account
- You may close any original account
- You may terminate an arrangement for payment of funds from any existing account and if needed re-establish the arrangement on the adult's current account or the designated account

Part B may be completed in this application form or at a later time using form ATF(5). This part allows for an existing account to be identified as the adult's second account or an account to be opened for that purpose if there is no such suitable account. A second account must be in the adult's sole name. If this account is an existing account it is important to consider what standing orders/direct debits there are on the account. If you wish such to continue you must identify them in this section otherwise they will cease to operate when access to funds commences.

This part also allows for the termination of any arrangement for payment of funds from any existing account; the closure of any original account in the sole name of the adult and the transfer of specified sums from particular accounts. Section 2.2.2 in this form specifically identifies the parameters.

Section 3 contains an undertaking and declaration which must be read carefully by the applicant and, where identified, any other proposed withdrawers, who should all sign and date the application form.

Section 4 does not require to be completed where the applicant is an organisation. There is a time restriction for lodging your application. It is shown in the application form.

Section 4 requires to be completed by a countersignatory who must meet the criteria as set out in the application form. If an application, using form ATF(1) involving the adult, has previously been authorised there is no requirement to duplicate certain information within this section. The application form highlights these instances.

Medical Certificate SSI No 76 must be completed by a medical practitioner and enclosed with the application form. This should be done before signing or having the application form countersigned. The application form must be lodged with the Public Guardian within 14 days of the date of the countersignatory signing the form where required or within 14 days of the applicant signing the form.

If a **medical certificate SSI No 76** was completed as part of a form ATF(1) process there is no requirement to complete the certificate again when making this application.

Medical Certificate SSI No 79 only requires to be completed where the applicant considers that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult's health. The section on medical certificates in the code of practice for access to funds provides further information.

Use the checklist located near the end of the application form to ensure you have completed all the information requested and then send your application to the Public Guardian.

A fee is payable for this application and cheques should be made payable to the "Scottish Court Service". Details of current fees can be obtained from the OPG or from our website. However, if you have already applied to obtain account information using form ATF(1) the fee will be waived provided this application is received within four months of the certificate of authority having been issued to you. Please note that any supplementary applications will be subject to an additional fee.

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The office of the Public Guardian (OPG) is open to the public from 9am to 5pm, Monday to Friday.

This leaflet is available free of charge in Braille, audiotape large print format, and various non-English languages by phoning the above telephone number. The OPG subscribes to Language Line and the RNID Typetalk service.



Access to Funds ATF(2) Application Form

Section 1 - Personal Information

Section 1.1 – Details of Existing Authority

Complete this section only if you have previously received a certificate of authority to request account information. The information required can be obtained from the certificate of authority.

PUBLIC GUARDIAN'S REF:	PG/
NAME OF ADULT:	
NAME OF APPLICANT:	

Section 1.2 - Details of the Applicant (Individuals Only)

If you have completed Section 1.1 above you are not required to complete this section unless details of the applicant(s) differ. An applicant should be the person who intends to become a withdrawer. Where there is more than one applicant complete section 1.2 – Details of additional applicants.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the applicant the:

Nearest Relative		If No complete Section 1.5
Primary Carer		If No complete Section 1.6
Named Person		If No complete Section 1.7
Attorney/Guardian		If No complete Section 1.8

Section 1.2 - Details of Additional Applicant (Individuals Only)

An applicant should be the person who intends to become a withdrawer. Where there are more than two additional applicants use a separate sheet. Note that all applicants require to read and complete section 3.

Use separate page if necessary.

	Joint Applicant (1)	Joint Applicant (2)
Title:		
Surname:		
Forename:		
Middle Name:		
House Name:		
House Number:		
Street:		
Locality:		
City:		
County:		
Country:		
Post Code:		
Tel No:		
E-Mail Address:		

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the joint applicant the:

	No 1	No 2	
Nearest Relative			If No complete Section 1.5
Primary Carer			If No complete Section 1.6
Named Person			If No complete Section 1.7
Attorney/Guardian			If No complete Section 1.8

Section 1.2 - Details of the Applicant (Organisations Only)

An application by an organisation should only proceed beyond this point if it has been confirmed by the Public Guardian that the organisation has met the criteria to be fit and proper for the purpose of acting in terms of Part 3 of the Adults with Incapacity (Scotland) Act 2000. If that is the case, your organisation will have been issued with a "List Number" which should be shown below. If not, your organisation must satisfy the Public Guardian of this requirement by completing the Fitness to Access Funds application form prior to completing this application. Details of a contact person within the organisation must be supplied.

Organisation:	
Department:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Organisation List Number:	

Nominated Contact for Organisation

Surname:	
Forename:	
Middle Name:	
Contact Person's Designation:	
Tel No:	
E-Mail Address:	

Section 1.3 - Details of the Reserve Withdrawer - (If known at this time)

Is it intended that a reserve withdrawer be identified at this time? If preferred a reserve withdrawer can be applied for at a later time by using form ATF(4).

If Yes, Complete below If No, go to section 1.4

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Section 1.4 – Details of the Adult

Title:	
Surname:	
Forename:	
Middle Name:	
Date of Birth:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Ethnic Origin of the Adult

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

(Please tick as appropriate)

White Scottish
Other White
Bangladeshi
Caribbean
Mixed

Other White British
Indian
Other (South) Asian
African
Other

White Irish
Pakistani
Chinese
Black Scottish and Other Black

A copy of this application will be sent to the adult and other persons identified in this application. If you consider that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult's health please tick the box.

Simply to indicate that the adult would not understand the application or would be upset by it is not sufficient grounds for non intimation.

If you have ticked the above box the Public Guardian will require you to lodge with this application a medical certificate (in the form of SSI No 79) completed by two medical practitioners. A copy of form SSI No 79 is enclosed.

If you previously submitted a medical certificate (SSI No 79) on a request for bank account information application form and were issued with a letter of authority to contact a bank/building society etc you are not required to complete it again for this application.

Section 1.5 - Details of the Nearest Relative

The nearest relative of the adult may be a spouse, brother, sister, son or daughter of the adult or some other more distant relative. If the applicant is the nearest relative there is no need to complete this section.

In certain circumstances any person claiming an interest on behalf of an adult with incapacity may ask a sheriff to make an order which will stop certain information being given to the nearest relative. In making such an order, the sheriff will have named another person to act as the nearest relative. This will only be for the purpose of any application made in terms of this Act. This person may be another relative for example, a nephew or niece or somebody else such as a friend or neighbour.

If you previously completed these details on a request for bank account information form and were issued with a letter of authority to contact a bank/building society etc. you are not required to complete this section unless the details of the nearest relative have changed.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

If there has been a Court Order naming the above as the nearest relative to the adult please tick this box

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given. Is the nearest relative the:

Primary Carer		If No complete Section 1.6
Named Person		If No complete Section 1.7
Attorney/Guardian		If No complete Section 1.8

Section 1.6 – Details of the Primary Carer

The primary carer is the person who has day to day responsibility to look after the needs of the adult.

If the adult is in hospital or a care home etc. you should identify the primary carer as being the manager or officer in charge of the ward, care home or other establishment.

If you previously completed these details on a request for bank account information form and were issued with a letter of authority to contact a bank/building society etc. you are not required to complete this section unless the details of the primary carer have changed.

Title:	
Surname:	
Forename:	
Middle Name:	
Name of Organisation: (if applicable)	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the primary carer the:

Named Person		If No complete Section 1.7
Attorney/Guardian		If No complete Section 1.8

Section 1.7 – Details of the Named Person

A named person is someone who, in terms of the Mental Health (Care and Treatment)(Scotland) Act 2003, has powers and rights to represent and safeguard the adult's interests.

If you previously completed these details on a request for bank account information form and were issued with a letter of authority to contact a bank/building society etc. you are not required to complete this section unless the details of the named person have changed.

Does the adult have a named person?

If Yes, Complete below If No or not known, go to section 1.8

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following question deleting YES or NO as appropriate and follow the instructions given.
Is the named person the:

Attorney/Guardian		If No complete Section 1.8
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Section 1.8 – Details of any Attorney or Guardian

A continuing attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's property or financial affairs and having continuing effect notwithstanding the granter's incapacity.

A welfare attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's personal welfare and having effect during the granter's incapacity.

Guardian includes a reference to a guardian (however called) appointed under the law of any country to, or entitled under the law of any country to act for, an adult during his incapacity, if the guardianship is recognised by the law of Scotland.

If you previously completed these details on a request for bank account information form and were issued with a letter of authority to contact a bank/building society etc. you are not required to complete this section unless the details have changed.

Does the adult have an attorney or guardian?

If Yes, Complete below If No or not known, go to section 1.9

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Section 1.9 – Details of any other Interested Parties

Any other interested party is any other person who has not already been identified in the application and who has an interest in the adult's affairs. This may be other relatives or partners.

If you previously completed these details on a request for bank account information form and were issued with a letter of authority to contact a bank/building society etc. you are not required to complete this section unless the details of the interested parties have changed.

Use separate page if necessary.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Now go to Section 2

Section 2 – Financial Information

Part A – Basic Financial Transactions Only

(All applicants must complete this section)

Does the adult have an account which will be operated for the purpose of access to funds?

If Yes, Complete below If No, go to section 2.1.3

Section 2.1.1 - Details of Adult's Existing Account

Please provide full details about the adult's existing account which you wish to access.
This account will be referred to as the adult's current account.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Section 2.1.2 - Details of any Direct Debits/Standing Orders in the above account which you wish to continue or to set up

Detail existing standing orders/direct debits set up on this account which you wish to continue or identify those which you wish to set up on this account. Please note that any existing standing orders/direct debits on this account not identified here will cease to be paid when you commence to access the adult's funds.

Name of Company to whom payment is to be made for example, Scottish Power etc.	Amount payable monthly £
Continue:	
Set Up:	

Section 2.1.3 - Details of Proposed New Account

This section should only be completed if there is no account in existence and you require to set up a new account suitable for the purpose of access to funds.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	

Section 2.1.4 - Use of Funds

Before completing this section it is important to refer to the accompanying notes to complete this application form. This will tell you how to calculate the anticipated expenditure and what supporting evidence may be required.

Reason for Expenditure	Monthly Amount £
Gas	
Electricity	
Telephone (inclusive of mobile phones and special telephone services)	
Mortgage	
Rent	
Insurances (building, contents, motor, personal, pets etc.)	
Council Tax	
TV Licence	
Care Charges	
Loan Repayments	
Club or other subscriptions	
Food and household expenses	
Clothing	
Holidays/Outings	
Transport costs	
Other (Please specify)	

TOTAL MONTHLY AMOUNT £

Section 2.1.5 - One off Lump Sum

The access to funds process not only allows for regular ongoing expenses to be taken but also allows for a one off lump sum to be requested. This is generally used where there has been a build up of costs due to the adult's funds not being accessible and debts building up which require to be paid. Before completing this section it is important to refer to the accompanying notes to complete this application form. This will tell you how to calculate a one off lump sum payment and what supporting evidence is required.

Do you require a lump sum?

If Yes, Complete below If No, go to section 2.1.7

Reason for Expenditure	Amount £
One off payments/lump sums (Please specify)	

TOTAL LUMP SUM £

Section 2.1.6 – Account from which Lump Sum will be Transferred

If the lump sum requested is to be transferred from the current account please leave this section blank, otherwise identify the account from which the lump sum is to be transferred.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Section 2.1.7 – Period of Authority Requested

A certificate of authority is valid for a period of three years. If you wish the certificate to be valid for a period other than that you must state the period you require and the reason below:

You may now apply for authority to carry out more advanced transactions or you can do so at a later date using form ATF(5) if required.

Do you wish to apply for authority to carry out other transactions now?

If Yes, Complete Part B If No, go to section 3 – Undertaking and Declaration
by the Applicant

Part B – Other Financial Transactions

(You should only complete this part if you wish to do more than the basic transactions as identified in Part A. Part B may be completed with this application or by using form ATF(5) at a later date. You may also use form ATF(5) if you require to vary the transactions identified in Part A at a later date.)

Section 2.2.1 – Second Account

In addition to the adult's current account it is possible to identify an existing account or open another account in the adult's sole name which will be known and operated as the adult's second account. It may be that there are funds in other accounts which would benefit from being placed into this second account.

Does the adult already have a bank account in his/her sole name which you would wish to operate as a second account?

If Yes, please provide details below.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

If No, do you wish authority to open a second account in the adult's sole name?

If you wish authority to open a second account in the adult's sole name please supply information in the box below.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	

Section 2.2.2 – Transfer of Funds on Existing Accounts

Where the adult has several accounts it may be that you need to transfer funds between accounts, close accounts or terminate direct debits/standing orders etc. There are a number of options available and you should consider these carefully but note that you cannot do so without approval of the Public Guardian.

The options are:

- Request to transfer a specific amount of funds from the adult’s current account to the designated account other than what has been identified in Section 2.1.2; 2.1.4 and 2.1.5;
- You may transfer a specific amount of funds from the adult’s current account to the adult’s second account;
- You may transfer a specific amount of funds from the adult’s current account, provided it is an original account, to any account as specified;
- You may transfer a specific amount of funds from the designated account to the adult’s second account;
- You may transfer a specific amount of funds from any original account in the adult’s sole name to the designated account, to the current account, to the second account or to any other such account as identified;
- Where the second account is a new account you may only transfer funds therefrom to the designated account;
- You may close any original account; and
- You may terminate an arrangement for payment of funds from any existing account and if needed re establish the arrangement on the adult’s current account or the designated account.

You should identify the accounts below and thereafter give specific details of what you want to do with each as allowed for above:

	Transfer From:	Transfer To:	Amount £
Bank/Building Society:			
Sort Code:			
Account Holder:			
Account Number:			

Please identify any standing orders/direct debits currently existing on the above account which you wish to retain, terminate or re-establish:

Name of Company to whom payment is made	Amount Payable	Retain YES/NO	Re-establish on Adult’s Current Account YES/NO	Re-establish on Designated Account YES/NO

Do you wish to close the above account?

	Transfer From:	Transfer To:	Amount £
Bank/Building Society:			
Sort Code:			
Account Holder:			
Account Number:			

Please identify any standing orders/direct debits currently existing on the above account which you wish to retain, terminate or re-establish:

Name of Company to whom payment is made	Amount Payable	Retain YES/NO	Re-establish on Adult's Current Account YES/NO	Re-establish on Designated Account YES/NO

Do you wish to close the above account?

	Transfer From:	Transfer To:	Amount £
Bank/Building Society:			
Sort Code:			
Account Holder:			
Account Number:			

Please identify any standing orders/direct debits currently existing on the above account which you wish to retain, terminate or re-establish:

Name of Company to whom payment is made	Amount Payable	Retain YES/NO	Re-establish on Adult's Current Account YES/NO	Re-establish on Designated Account YES/NO

Do you wish to close the above account?

If there are more accounts identified please use an additional sheet.

All applicants must now complete Section 3

Section 3 – Undertaking and Declaration

Section 3.1 - Undertaking

I understand that it is my responsibility to keep records of the exercise of my powers as withdrawer and to notify the Office of the Public Guardian directly and immediately of any change of circumstances involving myself or the adult for example, change of address or death of the adult etc.

I undertake to:

- a) open a designated account solely for the purpose of receiving funds transferred under the authority of any certificate granted and intromitting with those funds; and
- b) operate any accounts in the sole name of the adult as directed by my certificate of authority.

Section 3.2 – Declaration

I declare that all information contained in this application is true and correct to the best of my knowledge and I understand that false or misleading information may lead to the rejection of this application or the termination of any authority already granted.

I confirm that the Office of the Public Guardian is authorised to contact appropriate bodies as it sees fit in order to seek such information as they consider reasonable in pursuance of this application.

Section 3.3 – Data Protection/Use of Information

The Office of the Public Guardian will retain and process the information provided herein on computer. This processing is necessary for the exercise of the statutory functions conferred on the Public Guardian by the Adults with Incapacity (Scotland) Act 2000. By signing below I understand that I consent to this information being processed, stored and used by the Office of the Public Guardian in the discharge of its function.

SIGNATURE OF APPLICANT(S):

PRINT NAME:

DATE:

The Public Guardian needs to confirm that the condition of the adult meets the criteria as set in section 1(6) of the Act. The medical certificate (SSI No 76) enclosed at the rear of this form must now be completed by a medical practitioner. You should arrange to have the medical certificate(s) completed before you or the countersignatory sign and date this application. However, if you have already completed form ATF(1) and enclosed the medical certificate (SSI No 76) at that time there is no requirement to duplicate this process.

Your application form now requires to be countersigned at section 4. (This section does not require to be completed where the application is on behalf of an organisation). The person who completes section 4 will effectively support your application and believe that the information contained in the application is true and you can be entrusted with dealing with the adult's financial affairs as far as this application relates.

The person who is to act as the countersignatory must meet the criteria as identified in section 4.2 of the application form. Please note that this application must be lodged with the Public Guardian within 14 days of the countersignatory signing and dating this application or 14 days of the applicant signing and dating the application if section 4 is not required.

Where applicable you should now arrange for the countersigning officer to read the document and complete section 4.

Section 4 – Countersignatory Information

The countersignatory must read this application form and agree to its content and be satisfied that it is necessary before completing and signing the declaration.

The countersignatory must read the declaration thoroughly and ensure that he/she meets the criteria as set. If not, that person cannot act as countersignatory in this application. If there are joint applicants/withdrawers and you cannot find one countersignatory who meets the criteria for all, you require a separate countersignatory to support each applicant/withdrawer. Each countersignatory must fully complete a separate section 4.

The countersignatory must declare if he or she is liable to gain financially from involvement in this application and if so the countersignatory must identify the nature and extent in the box provided. A monetary or financial interest is known as a “pecuniary interest”.

Section 4.1 - Details of Countersignatory

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please note that the Public Guardian may at some time during this process contact the countersignatory in relation to the application.

Section 4.2 - Declaration of Countersignatory

I DECLARE THAT I HAVE KNOWN
(Applicant's name)

- for at least one year prior to the signing of the foregoing application and I believe the applicant(s) to be a fit and proper person(s) to intromit with the adult's funds. I further believe that the information contained in this application to be true.
- I am not :
 - (a) a relative or person residing with the applicant(s) or the adult; or
 - (b) a director or employee of the fundholder; or
 - (c) a solicitor acting on behalf of the adult or any other person mentioned in this sub-paragraph in relation to any matter under this Act; or
 - (d) the medical practitioner who has signed the medical certificate in connection with this application; or
 - (e) a guardian of the adult or a welfare or continuing attorney of the adult; or
 - (f) a person who is authorised under an intervention order in relation to the adult.

Select (a) or (b) below

The nature and extent of that interest is:

The countersignatory must now complete this question providing as much relevant information as possible.

However, this part does not require to be completed where the information has already been supplied in form ATF(1). The countersignatory should simply sign and date the form below.

Please comment below on how you feel that the applicant is a fit and proper person and has the ability to carry out the functions of withdrawer:

SIGNATURE OF COUNTERSIGNATORY:

PRINT NAME:

DATE:

This application form must be lodged with the Office of the Public Guardian no later than 14 days after the date the form is countersigned.

Checklist For Applicant

Have you completed all the relevant sections.

Have all persons signed and dated the form.

Where appropriate, have medical certificate(s) been completed and enclosed.

Where appropriate has the form been countersigned and dated.

Has evidence been enclosed to support your request for funds.

Where appropriate have you enclosed the relevant fee. Your cheque should be made payable to the "Scottish Court Service".

Is the application form being submitted to the Public Guardian within 14 days of the date it is signed by the countersignatory, or within 14 days of the date it is signed by the applicant, where no countersignatory has been required.

**Scottish Statutory Instrument 2008 No. 51
(Previously SSI No. 76)**

Regulation 3

Adults with Incapacity (Scotland) Act 2000 (“the Act”)

Certificate of incapacity to accompany an application to the Public Guardian under section 24C, 24D or 25

I(Full Name)

of

(Professional Address) in my capacity as (1)

have examined the following patient on(Date),

.....(Patient’s Name)

of

.....(Address)/...../..... (Date of Birth)

I am of the opinion that he/she is incapable in relation to decisions about, or incapable of acting to safeguard or promote his/her interests in, his/her funds.

I am of the opinion that the patient named above is incapable in terms of section 27B of the Act because of:

mental disorder ⁽²⁾ and/or

inability to communicate because of physical disability ⁽³⁾

Brief description of mental disorder/inability to communicate

.....

.....

(Signed)

(Date)

(1) the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder.

(2) mental disorder has the meaning given to it in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, namely that it means any mental illness; personality disorder or learning disability however caused or manifested, but an adult is not mentally disordered by reason only of sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; or acting as no prudent person would act.

(3) one of these **must** be deleted unless both apply.

SCOTTISH STATUTORY INSTRUMENT 2001 No 79

Adults with Incapacity (Scotland) Act 2000 ("the Act")

Evidence to inform decision to dispense with notification to adult with incapacity in terms of Sections 7(1)(d) and 11(2) of the Act.

IMPORTANT: This form is to be completed by two medical practitioners.

A: First Medical Practitioner:

I(Full Name)

of(Professional Address)

have examined the following patient on(Date), in my capacity as

.....*

to(Patient's Name)

.....(Date of Birth), of

.....(Patient's Address)

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is

.....

.....(Signed)(Date)

B: Second Medical Practitioner:

I(Full Name)

of(Professional Address)

have examined the following patient on(Date), in my capacity as

.....*

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is.....

.....

.....(Signed)(Date)

* the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder