

# Renewal of Authority ATF(6)

Notes to complete  
Application Form



## Other application forms available in this series:



Organisations - Fitness to Access Funds 

ATF(1) – Request Account information 

ATF(2) - Access to Funds 

ATF(3) - Additional Joint Withdrawers 

ATF(4) - Reserve Withdrawer 

ATF(5) - Variation of Transactions 

ATF(7) - Transition of Authority 

# Notes to complete this Form



This form relates solely to the renewal of an existing authority to access funds and should be used when:

- the existing authority is about to expire; or
- where the withdrawer has died or is no longer able to carry out the function and a reserve withdrawer, without undue delay, wishes to apply to become the main withdrawer.

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.

Where personal details of interested parties have changed this should be shown in section 1.5 of the application form.

**Section 1** requests details of the existing authority, personal details of the applicant, and all other existing or proposed new joint/reserve withdrawers. Since an application relating to the same adult has previously been authorised there is no requirement to duplicate details of the other interested parties, for example, nearest relative, primary carer etc. However, any change of address or change of primary carer, for example, must be notified to the Public Guardian.

**Section 2** requests financial information, the anticipated use of funds, the period of authority requested and some information regarding the use of the existing authority.

The applicant must identify the anticipated ongoing 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.

When you calculate the ongoing expenditure you should remember to take inflation into account as was done in the original application.

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.

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

It is possible to apply for a lump sum and in this instance may be used where there has been an unexpected but necessary purchase required which will be of benefit to the adult. For example the withdrawer finds that remedial work requires to be carried out on the roof of the adult's home. The Public Guardian would expect to see three written quotes providing a breakdown of the work to be done together with the withdrawer's preferred option and explanation thereof before approving the lump sum in this instance.

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

The Public Guardian can provide you with further advice on this if required.

The period of authority is normally set at three years but may be extended or reduced by the Public Guardian 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 in section 2.7 of the application form.

When a new certificate of authority is granted it will only provide authority to carry out the transactions requested in this application form. If there is any other action required which was not dealt with during the original period of authority it requires to be highlighted in section 2.8 of the application form.

Withdrawer must provide a copy of the pass book or the two most recent monthly statements for the designated account with this application.

Before considering an application for renewal of authority the Public Guardian requires to be satisfied that the existing process is operating effectively. The applicant must, therefore, enclose with the renewal application a copy of the pass book, if issued, or the last two monthly bank or building society statements relating to the designated account. Other documentation may be requested by the Public Guardian. Documents will be returned to the applicant.

**Section 3** identifies that details of this application will be sent to the adult and other persons identified in the original application and to any other person(s) identified in this application. 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 applicant should tick the box. Medical Certificate SSI No79 requires to be completed where the applicant considers that a copy of the application should not be sent to the adult. The section Medical Certificates in the code of practice for access to funds provides further information.

**Section 4** 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 5** of this form only requires to be completed by a countersignatory, where it is proposed to appoint a new joint withdrawer or reserve withdrawer not previously identified.

In all other instances this section should not be completed. The countersignatory must meet the criteria as set out in the application form. This section does not apply where the application is made by an organisation.

The Public Guardian needs to confirm that the condition of the adult still meets the criteria as set in Section 1(6) of the Act. The medical certificate SSI No76 enclosed at the rear of this form must now be completed by a medical practitioner and accompany your application. This should be done before signing or having the application form countersigned.

Remember the time restriction for lodging your application. It is shown opposite.

The application form must be lodged with the Public Guardian within 14 days of the date of the countersignatory signing the application form where required, or within 14 days of the applicant signing the form.

**Use the checklist located near the end of the application form to ensure you have completed all the information requested and thereafter 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.**

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Callendar Road  
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LP: LP-17 Falkirk

- Telephone: 01324 678300
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- Email: [opg@scotcourts.gov.uk](mailto:opg@scotcourts.gov.uk)
- Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

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.





# Renewal of Authority ATF(6) Application Form

## Section 1 - Personal Information

### Section 1.1 – Details of Existing Authority

PUBLIC GUARDIAN'S REF:

PG/

NAME OF ADULT:

NAME OF WITHDRAWER(S):

### Section 1.2 - Details of the Applicant/Existing Withdrawer (Individuals Only)

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

## Section 1.2 - Details of the Applicant (Organisations Only)

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 Joint Withdrawer(s)

Please provide details of all existing or proposed new joint withdrawers below.

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

**Please note if a new joint withdrawer(s) is/are identified above, section 5 requires to be completed by a countersignatory.**

# Section 1.4 - Details of the Reserve Withdrawer

Is it intended that the existing reserve withdrawer continue to be available to operate along with the applicant identified in section 1.2?

If no reserve withdrawer has been identified is it intended that one be identified now? A reserve withdrawer can be applied for at a later time if required using form ATF(4).

If Yes, complete below    If No, go to section 1.5

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

**Please note if a new reserve withdrawer is identified above, section 5 requires to be completed by a countersignatory.**

## Section 1.5 – Other Interested Parties

In the original application the identity of the adult's:

- Nearest relative;
- Primary carer;
- Named person;
- Attorney/guardian; and
- Any other interested party

were provided.

There is no requirement to provide this information again, however, if for any reason their details have changed and you have not already notified the Public Guardian, you should do so below:

**You should note that a copy of this application form will be sent to the individuals you identified in your original application, unless notified otherwise. This is to allow them the opportunity to make comment, or indeed object, if they wish, to your proposals. This is a requirement of the legislation.**

## Section 2 – Financial Information

### Section 2.1 - Details of Adult's Current Account

Please provide full details about the adult's current account which you wish to access. This should be the account which feeds your designated 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 2.2 - Details of any Direct Debits/Standing Orders in the above account which you wish to cease or to set up

Detail existing standing orders/direct debits set up on this account which you wish to cease or identify those which you wish to set up on the above account.

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

## Section 2.3 – Other Accounts

In addition to the adult's current account, if you have authority to operate upon any other account in the sole name of the adult and wish to continue this arrangement please identify the accounts below:

(You should note, if any account on which you have authority to operate is not identified below, your authority will cease upon the new certificate being issued)

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

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

Use separate sheet if more accounts identified.

## Section 2.4 – Use of Funds

This section should be completed giving full details of all funds required. Please note that any original funds authorised under your existing certificate which are not shown below will cease when your authority to access the adult's funds is renewed.

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 2.5 - 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. A lump sum payment may already have been authorised but in certain circumstances it may be possible for a further single payment to be made. Before completing this section it is important to refer to the accompanying notes to complete this application form. This will tell you what supporting evidence is required.

Do you require a lump sum?

If Yes, complete below      If No, go to section 2.7

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

TOTAL LUMP SUM £

## Section 2.6 – Account from which Lump Sum will be Transferred

If the lump sum requested is to be transferred from the adult's 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 2.7 – Period of Authority Requested

A certificate of authority is normally 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:

## Section 2.8 - Any other Action Proposed

If you propose to carry out any other additional financial transactions please provide details below:

## Section 2.9 – Existing Authority

Before the Public Guardian can proceed with this application there is a requirement to be satisfied that the existing process is operating effectively. You must enclose with your application a copy of the pass book, if issued, or the last two monthly bank or building society statements relating to the designated account. Other documentation may be requested by the Public Guardian. Documents will be returned to you.

## Section 3 – Intimation of Application

### Section 3.1 - Intimation Process

A copy of this application will be sent to the adult and other persons identified in the original application and/or 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.**

## Section 4 – Undertaking and Declaration

### Section 4.1 - Undertaking

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

I undertake to:

- a) operate the designated account solely for the purpose of receiving funds transferred under the authority of any certificate granted to me 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 4.2 – 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 4.3 – 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:

PRINT NAME:

DATE:

SIGNATURE OF ALL OTHER  
IDENTIFIED WITHDRAWER(S):

<input type="text"/>	<input type="text"/>
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PRINT NAME(S):

<input type="text"/>	<input type="text"/>
----------------------	----------------------

DATE:

<input type="text"/>	<input type="text"/>
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The Public Guardian needs to confirm that the condition of the adult still 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 completed before you or the countersignatory, if appropriate, sign and date this application.

Once completed this application must be lodged with the Public Guardian within 14 days of the applicant and other withdrawers signing and dating the application form, or within 14 days of the countersignatory, where appropriate, doing so.

Please note that where new joint withdrawers or a new reserve withdrawer is identified in this application you require to have section 5 completed before lodging the application with this office. Section 5 does not require to be completed where the application is made by an organisation.

## Section 5 – Countersignatory Information

**This section only requires to be completed by a countersignatory where it is proposed to appoint a new withdrawer not identified in the original application.**

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 is more than one withdrawer 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 5.

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 “pecuniary interest”.

### Section 5.1 - 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 5.2 - Declaration of Countersignatory

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

- for at least one year prior to the signing of the foregoing application and I believe them 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 proposed withdrawer(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

- (a) I have no pecuniary interest in this application.
- (b) I have a pecuniary interest in this application.

The nature and extent of that interest is:

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

Please comment below on how you feel that the applicant/withdrawer 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.

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 <sup>(2)</sup> and/or

inability to communicate because of physical disability <sup>(3)</sup>

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