

**WITHDRAWAL OF ADVANCE STATEMENT
MADE UNDER THE
MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003**

Name of person withdrawing advance statement: _____

Address of person withdrawing advance statement: _____

I, _____ wish to withdraw my advance statement, which was signed and dated on _____ and which was witnessed by _____

1 Signature _____

2 Witness Certificate

I certify that in my opinion _____ has the capacity of properly intending the wishes set out above.

I hereby witness his/her signature.

[signature]

[date of witnessing signature]

Full name of witness: _____

Address of Witness: _____

Designation of witness: _____

[Occupation/category which enables the witness to act as a 'prescribed person']

You should inform everyone who has a copy that you have withdrawn this statement.