MENTAL HEALTH ACT, 2012 TWELFTH SCHEDULE [Article 24(7) and (8)]

Mental Health Act		This certificate shall be forwarded to the Commissioner within 24 hours.									
RCLMC Ref No: APPLICATION FOR REVOCATION OF A CERTIFICATE											
OF LACK OF MENTAL CAPACITY To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.											
To be filled by a (1) I the undersigned, a specialist in mental health have personally reviewed:											
specialist in mental health.		name) (I			-	-					
	of (address)										
	and certify that the above named person has mental capacity to make different categories and types of decisions and is responsible for his/her actions.										
	apacity C voked.	CLMC Ref No:									
	 (3) If applicable, indicate if person is: a voluntary patient an involuntary patient under an Involuntary Admission for Observation IAO Ref No an involuntary patient under an Involuntary Admission for Treatment Order IATO Ref No an involuntary patient under an Extension of Involuntary Admission for Treatment Order EIATO Ref No 										
	□ an	tention Order	Order								
	CDO Ref No □ an involuntary patient under a Community Treatment Order CTO Ref No										
	(4) The responsible carer is:										
	of (a	(Surname) ldress)		, · · ·	<i>,</i>	D.O.B)	<u>M / F</u> (Sex)				
	(
		Official Stamp)		Signature)	(Res	g. No)					
	Ň	• /	,	<u> </u>	· · ·	~ ^					
		(Date)			(Tim	ie)					

To be filled by Commissioner	Application received on (date) at (time) Dr an independent specialist is appointed and notified to review person in terms of the Mental Health Act and is to submit his/her opinion by (date)							
	(Signature)	(Date)	(Time)	_				
To be filled by independent specialist in mental health appointed by Commissioner	I the undersigned, a specialist in mental health appointed by the Commissioner to review ID No certify that: (a) I am not the responsible specialist for the named person (b) I have reviewed the person for whom this application is being made and □ I agree that the above named person has mental capacity to make different							
	categories and types of decisions and is responsible for his/her actions and that Certificate of Lack of Mental Capacity CLMC Ref No: approved on can be revoked.							
	□ I disagree with the a	pplication for the follow	ing reasons and facts:					
	(Official Stamp)	(Signature)	(Reg. No)					
	(Date)		(Time)					
To be filled by Commissioner	 Independent specialist DECISION Revocation of Certification Revocation of Certification My decision was communice the responsible carer on (data) 	on approved on not approved ated in writing to the re						
	(Signature)	(Date)	(Time	2)				