

**CANCELLATION OF
CERTIFICATE OF INCAPABILITY**

AGA PART 2.1

DATE: _____

ADDRESS: _____

TO: _____
Name of Adult *Date of Birth*

A Certificate of Incapability was issued for you on the date listed below.

Date Certificate of Incapability Issued

This certificate of incapability has been cancelled, effective as of the date listed below. The reason for the cancellation is that you have been assessed as being capable of managing your financial affairs. This determination was made by a qualified health care provider and that determination has been accepted by the Health Authority Designate (HAD) listed below.

Effective on the cancellation date listed below, the Public Guardian and Trustee of BC (PGT) is no longer acting as your statutory property guardian, no longer making your financial decisions, and will now be taking all the necessary steps to return control of your financial affairs to you.

If you have any questions about this decision or the process of the transferring control of your financial affairs back to you, please feel free to contact me at the contact information listed below.

Cancellation Date of Certificate of Incapability *Health Authority Designate* *Health Authority*
(date of the letter from the HAD to the PGT)

Signature of Director of Services to Adults, PGT	Name of Director of Services to Adults, PGT	
	Address	
Date Signed	Phone	Fax