

Incompetent Person Care Certificate

Place of issued.....

Day.....Month.....Year.....

In this Certificate, I, (First name-surname of Certifier)..... aged years
and is sui juris. Personal Identification No.

Issued by..... Expiry date..... No.

Soi..... Street..... Sub-District.....

District..... Province..... is related to the incompetent person as

- Spouse
- Legitimate child or adopted child or nephew
- Parent
- Full brother or full sister
- Half-brother or haft-sister
- Grandparant
- Uncle and aunt
- Subdistrict headman (Kamnan), village headman (Pooyaibaan) where the incompetent person resides
- A member of local government in the area where the incompetent person resides

I hereby certify that (first name-surname of guardian)
is the guardian of (first name-surname of incompetent person)
who is an incompetent person during the tax year..... and the guardian is related the incompetent person
as.....

This is for (first name-surname of the guardian) to use as
evidence in claiming incompetent person allowance together with medical certificate issued by a doctor who has license
to practice medical profession and has examined and confirmed that (first name-surname of incompetent person)
..... is incapable of carrying on his/her life as an ordinary person due to ill
health or prolonged sickness more than 180 days or has been incompetent for at least 180 days.

I hereby sign in the presence of witnesses.

Signature..... Certifier
(.....)

Signature..... Witness
(.....)

Signature..... Witness
(.....)