

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.....relationship with incompetent person

- Spouse
- Legitimate child or adopted child or nephew
- Parents
- Brothers and sisters of full blood
- Brothers and sisters of half blood
- Grandfathers and grandmothers
- Uncles and aunts
- Village-chief (Kamnan), Village head man (Pooyaibaan) where the incompetent person reside
- A number of local government in the area where the incompetent person reside

I hereby certify that (First name-Surname of care taker)
is a care taker of (name-surname of incompetent person)
who is an incompetent person during the tax year.....and the care taker is related the incompetent person
as.....

For (First name-Surname of the care taker)to use as
evidence in claiming incompetent person allowance together with medical certificate issued by a doctor licensed
to practice medical profession who had examined and has the opinion 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. Signed in witness of

SignedCertifier
(.....)

SignedWitness
(.....)

Signed Witness
(.....)