

Bereavement Registration Form

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Please ensure you complete both sides of this form

What we need from you

- The original or certified copy of the death certificate.
- The name of the Personal Representative(s).

We need to know who we're writing to and who is entitled to the information.

Important information detailing the sections you will need to complete

- You will need to complete the below sections of this form to allow us to register the death against the late customer's account(s).
- If the total balance of the account(s) is £40,000 or more you'll need to apply for probate and provide us with proof of this through a Grant of Probate.

Account number(s) - Please list all known account numbers in the box below

Details of the late customer

| | | | | | | |
|-------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|--------------------------------------|--|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Miss | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Other _____ | |
| Full name | | | | | | |
| Address | | | | | | |
| House number/name | | | | | | |
| Street name | | | | | | |
| Town/City | | | | | | |
| Postcode | | | | | | |
| Date of birth | | | | Date of death | | |

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| Personal Representative(s) details | |
|------------------------------------|---|
| Personal Representative 1 | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ |
| Full name | |
| Address | Contact details |
| House number/name | Mobile number |
| Street name | Home number |
| Town/City | Work number |
| Postcode | Relationship to customer |
| Signature | Date |
| Personal Representative 2 | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ |
| Full name | |
| Address | Contact details |
| House number/name | Mobile number |
| Street name | Work number |
| Town/City | Home number |
| Postcode | Relationship to customer |
| Signature | Date |

If there are more than two Personal Representatives, please use another registration form to provide us with their details.