#### **Bereavement Registration Form**

(Page 1 of 3)

Please ensure you complete both sides of this form. If more than one personal representative has been appointed, page 3 must also be completed.

#### What we need from you

- Original or 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 lat	e customer				
Title	Mr	Miss	Mrs	Ms	Other
Full name					
Address					
House number/name					
Street name					
Town/City					
Postcode					
Date of birth				Date of o	death



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# **Bereavement Registration Form**

(Page 2 of 3)

Please ensure you complete both sides of this form

Personal Represe	entative(s) de	tails					
Personal Represe	entative 1						
Title	Mr	Miss	Mrs	Γ	Иs		Other
Full name							
Address					Conta	ict de	etails
House number/name					Mobil	e nui	mber
Street name					Home	num	nber
Town/City					Work	num	ber
Email Address							
Postcode					Relati to cus		
Signature					Date		
Personal Represe	entative 2						
Title	Mr	Miss	Mrs	ſ	Иs		Other
Full name							
Address					Conta	ict de	etails
House number/name					Mobil	e nu	mber
Street name					Home	num	nber
Town/City					Work	num	ber
Email Address							
Postcode					Relati to cus		
Signature					Date		



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## **Bereavement Registration Form**

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Personal Represe	ntative(s) de	tails					
Personal Represe	entative 3						
Title	Mr	Miss	Mrs	Γ	٨s		Other
Full name							
Address					Conta	ct d	etails
House number/name					Mobil	e nu	mber
Street name					Home	nun	nber
Town/City					Work	num	ber
Email Address							
Postcode					Relation to cus		
Signature					Date		
Personal Represe	entative 4						
Title	Mr	Miss	Mrs	Γ	٨s		Other
Full name							
Address					Conta	ct d	etails
House number/name					Mobil	e nu	mber
Street name					Home number		
Town/City					Work number		
Email Address							
Postcode					Relation to cus		
Signature					Date		



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