

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 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		

Bereavement Registration Form

(Page 2 of 3)

Please ensure you complete both sides of this form

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			
Email Address					
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		Home number			
Town/City		Work number			
Email Address					
Postcode		Relationship to customer			
Signature		Date			

Bereavement Registration Form

(Page 3 of 3)

Personal Representative(s) details					
Personal Representative 3					
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			
Email Address					
Postcode		Relationship to customer			
Signature		Date			
Personal Representative 4					
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			
Email Address					
Postcode		Relationship to customer			
Signature		Date			