

SMALL ESTATES FORM

Please complete this form in order to confirm who has the legal right to act when Grant of probate has not been applied for.
Please complete, where relevant, ALL sections of this Form either electronically or by hand in BLOCK CAPITALS and black ink.
Please note that all signature sections will need to be signed by hand

TO:

TITLE (MR / MRS / MISS / OTHER)	SURNAME	FORENAMES (IN FULL)
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL PERMANENT ADDRESS		
<input type="text"/>		
TOWN / CITY		POSTCODE
<input type="text"/>		<input type="text"/>
DATE OF DEATH	ACCOUNT NUMBER	
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	

I/We declare that:

- The total value of the estate is not more than
- There is no inheritance tax payable in connection with the estate of the deceased.
- I/We have not and do not intend to apply for a Grant of Representation and to the best of my/our knowledge no other person has or intends to apply for one in connection with the estate.
- I/We make this solemn declaration conscientiously believing it to be true and by virtue of the Statutory Declaration Act 1835.
- I/We agree to indemnify you against any losses, damages, charges, costs and expenses incurred by reason of you acting in accordance with my/our instructions.

First-Named or sole executor or next of kin

TITLE (MR / MRS / MISS / OTHER)	SURNAME	FORENAMES (IN FULL)
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL PERMANENT ADDRESS		
<input type="text"/>		
TOWN / CITY		POSTCODE
<input type="text"/>		<input type="text"/>
DATE OF BIRTH	RELATIONSHIP TO DECEASED	
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
TELEPHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

Second-Named executor or equal next of kin

TITLE (MR / MRS / MISS / OTHER)	SURNAME	FORENAMES (IN FULL)
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL PERMANENT ADDRESS		
<input type="text"/>		
TOWN / CITY		POSTCODE
<input type="text"/>		<input type="text"/>
DATE OF BIRTH		
<input type="text" value="DD / MM / YYYY"/>		

If there are more than two additional executors or equal next of kin please add their details and signatures at the end of the form.

We are required to verify the identity of investors and beneficial owners in order to comply with UK anti-money laundering legislation. This involves obtaining independent documentary evidence confirming identity and permanent residential address. This may involve an electronic check of information. By signing this Small Estates Form you will give us the right to access such information for the purposes of the General Data Protection Regulation (GDPR). We reserve the right to request further information or documentation if required.

In the case of an estate of a deceased person in the course of administration, the beneficial owner is the executor, original or by representation, or administrator for the time being of a deceased person.

IN CONSIDERATION of you recording my/our name(s) as Personal Representative(s) of the Deceased without production of a Grant of Representation and accepting instructions from me/us and dealing with the holding in the above, I/we, do hereby agree to indemnify you and keep you indemnified from and against all losses, damages, charges, costs and expenses which you may sustain, incur or be liable to in consequence of your so doing.

Signed by executor or next of kin (First)

Date of signing:

Witnessed by Solicitor/Commission of Oaths/Notary Public/Justice of the Peace (delete as appropriate)

Name:

Signature:

Date of signing:

Signed by executor or next of kin (Second)

Date of signing:

Witnessed by Solicitor/Commission of Oaths/Notary Public/Justice of the Peace (delete as appropriate)

Name:

Signature:

Date of signing: