

Application to enter a caveat on a grant of representation

If you do not have an address in England and Wales or you are not represented by a probate practitioner with a business address in England and Wales you cannot enter a caveat.

If you need help filling out this form, call the

**Probate Helpline
0300 303 0648**

We cannot provide legal advice

1. What is your full name?

Title

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First name(s)

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Middle name(s)

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Last name

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2. Do you have a legal representative acting for you?

Yes. **Go to question 5**

No. **Go to question 3**

3. What is your email? (if you have one)

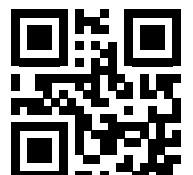
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Note 3: We will contact you with any queries via this email address, unless you have a legal representative.

HMCTS USE ONLY



4. Your address

Building and street

Second line of address

Town or city

Postcode

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Phone number

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Legal representative's details

5. Legal representative's name

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Name of legal representative's firm

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Reference number

Address

Building and street

Second line of address

Town or city

Postcode

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Note 4: If you do not have an address in England and Wales or you are not represented by a probate practitioner with business address in England and Wales you cannot enter a caveat.

Note 5: If you have a legal representative, we will send any queries about this application to them.

Your legal representative must have an address for service in England or Wales.

7. What date did they die?

Day

Month

Year

Note 7: The date of death must match the date given on the death certificate.

8. Was the person who died known by any other names?

Yes, please give details in the box below

No

Don't know

9. What was the last known address of the person who died?

Building and street

Second line of address

Town or city

Postcode

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10. Do you require your correspondence in English and Welsh?

Yes

No

11. Signature

Note 11: You must sign your name. Signatures can be typed or handwritten

If you are a probate practitioner, you can sign on behalf of your client.

Day

Month

Year

Probate fee

How to pay the probate fee

I have not included payment because

- I have applied for Help with Fees online and my reference number is

H	W	F							
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- I am applying for Help with Fees, see attached form **EX160**

You must send form EX160 **separate** to your application by post to: Newcastle District Probate Registry, 2nd Floor, Kings Court, Earl Grey Way, North Shields, NE29 6AR

or by email to Probatehelpwithfees@justice.gov.uk.
In the subject of the email, please write 'HWF/*insert the deceased's full name*/ *insert the date of death of the deceased*'

- Other – please explain why

- I attached a **cheque or postal order**, made payable to 'HMCTS'

- In person at** the court/office counter

- Fee account details – for use by probate practitioners**

Your account number

P	B	A							
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Your reference (if applicable)

If you cannot afford the probate fee

You may not have to pay a fee, or you may get some money off it if you only have a small amount of savings and investments, receive certain benefits or are on a low income.

You can apply for help with your probate fees online or with EX160 at www.gov.uk/government/publications/apply-for-help-with-court-and-tribunal-fees

Fee account – a way for solicitors, local authorities and other regular users to make payments.

Please post your completed form and payment to:

HMCTS Probate

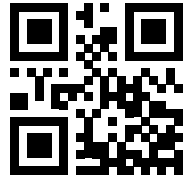
PO Box 12625
Harlow
CM20 9QE

Phone 0300 303 0648

What happens next

We'll send you a notification to confirm we've entered your application to stop a grant of probate.

Equality and diversity questions (optional)



- **These are optional questions about you**
- **Your answers will not affect your case**
- **We will not share your answers with anyone involved in your case**

These questions should be answered by one executor.

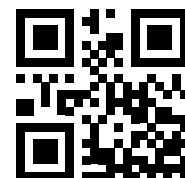
If you are a legal professional completing the form on behalf of an executor don't answer the questions.

Your answers will help us check we are treating people fairly and equally.

How to complete these questions

1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
2. Send one copy of the completed questionnaire with your application to:
HMCTS Probate
PO BOX 12625
Harlow
CM20 9QE

Equality and diversity questions



1. What is your main language?

- English or Welsh, **go to question 3**
- Other, give details (including British sign language)

- Prefer not to say, **go to question 3**

2. If you have answered 'Other' in question 1, how well can you speak English?

- Very well
- Well
- Not well
- Not at all
- Prefer not to say

3. What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please describe

- Prefer not to say

4. What is your date of birth?

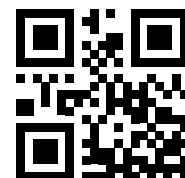
Day

Month

Year

- Prefer not to say

5. What is your ethnic group?



Prefer not to say

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Any other White background, please describe

Mixed/Multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe

Black/African/Caribbean/Black British

African

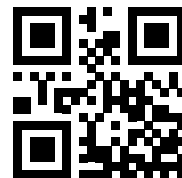
Caribbean

Any other Black/African/Caribbean background, please describe

Other ethnic group

Arab

Any other ethnic group, please describe



6. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- Yes, **go to question 7**
- No, **go to question 9**
- Prefer not to say, **go to question 9**

7. If Yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes, a little, **go to question 8**
- Yes, a lot, **go to question 8**
- Not at all, **go to question 9**
- Prefer not to say, **go to question 9**

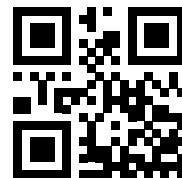
8. Do any of these conditions or illnesses affect you in any of the following areas?

Tick all options that apply

- Vision** – for example blindness or partial sight
- Hearing** – for example deafness or partial hearing
- Mobility** – for example walking short distances or climbing stairs
- Dexterity** – for example lifting and carrying objects, using a keyboard
- Learning or understanding or concentrating**
- Memory**
- Mental health**
- Stamina or breathing or fatigue**
- Socially or behaviourally** – for example associated with autism, attention deficit disorder or Asperger’s syndrome
- Other, please specify**
- None of the above**

9. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say



10. Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other, please describe

- Prefer not to say

11. What is your sex?

- Male
- Female
- Prefer not to say

12. Is your gender the same as the sex you were registered at birth?

- Yes
- No, my gender is

- Prefer not to say

13. Are you married or in a legally registered civil partnership?

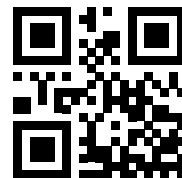
- Yes
- No
- Prefer not to say

Thank you for answering these questions

Send this questionnaire back with your completed application

Privacy notice

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitment to equality under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information below in our privacy notice.



For details of the standards we follow when processing your data, please visit the following address <https://equality-and-diversity.platform.hmcts.net/privacy-policy>

To receive a paper copy of this notice, please call 0300 303 0648

Alternative formats

If you need this form in an alternative format, for example in large print, call 0300 303 0648