



Please fill in Part 1 of this form to give us the details of the person who will deal with us on behalf of the above estate. Fill in Part 2 of this form if that person wants someone else to act on their behalf. The executor, administrator, or personal representative must sign and date Part 3 of this form. You should send this form back to us at the address shown in the covering letter.

The estate of
(enter the customer's name from the covering letter)

National Insurance number (NINO)
(enter the NINO from the covering letter)

Part 1 Details of the person who will deal with us on behalf of the estate

This could be an executor, administrator, or personal representative. Please use capital letters.

<p>Title Mr, Mrs, Miss, Ms or other title</p> <input type="text"/> <p>Surname</p> <input type="text"/> <p>First name</p> <input type="text"/>	<p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <p>Phone number (including area code)</p> <input type="text"/>
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Part 2 Authorising someone to act on behalf of the executor, administrator, or personal representative

The person detailed in Part 1 can authorise us to deal with someone else on their behalf, such as a solicitor or accountant. If they want to do this, please give us the details below. Please use capital letters. If they don't want to authorise someone to act on their behalf, leave this part blank.

<p>Their full name and address</p> <p>Name</p> <input type="text"/> <input type="text"/> <p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p>	<p>Their phone number (including area code)</p> <input type="text"/> <p>Their reference number (if applicable)</p> <input type="text"/> <p>Please tick if the person or company is an agent</p> <p><input type="checkbox"/> Please tick if the person or company is an agent</p> <p><input type="checkbox"/> Please tick if the person or company is a family member or friend</p>
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Part 3 Declaration

The person detailed in Part 1 must sign this form to declare that the information is given is correct and complete.
Please use capital letters.

I have filled in this form as the:	Your name
<input type="checkbox"/> Executor	<input type="text"/>
<input type="checkbox"/> Administrator	Signature
<input type="checkbox"/> Personal representative	<input type="text"/>
<input type="checkbox"/> Other (give details below)	Date DD MM YYYY
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>