



HM Revenue & Customs

Please fill in Part 1 of this form to give us details of the person who will deal with us on behalf of the 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.

Send this completed form to:

Bereavement Services
HM Revenue and Customs
BX9 2BS

The estate of

(enter the customer's name)

National Insurance number

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.

Title

Mr, Mrs, Miss, Ms or other title

Surname

First name

Address

Phone number (including area code)

Parts 2 and 3 are on the next page.

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, give us the details below. Please use capital letters.

When Part 2 is filled in the executor, administrator, or personal representative must also fill in Part 3 of this form.

If they do not want to authorise someone to act on their behalf, leave this part blank.

Their full name and address Name <input type="text"/> <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Their phone number (including area code) <input type="text"/> Their reference number (if applicable) <input type="text"/> Is the person or company acting on behalf of the executor, administrator or personal representative: <input type="checkbox"/> an agent <input type="checkbox"/> a family member or friend
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Part 3 Declaration

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

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