UK Government

Infected Blood Interim Payments to Estates:

Compensation Application

October 2025. Version 2

Who this form is for

Personal Representatives (the executor) of an eligible estate of a deceased infected person can use this form to apply for interim compensation from the UK Government. This is a fixed compensation award of up to £310,000, which will be deducted from any final award.

Eligibility

To apply, the person who has died must have been registered with an existing UK Infected Blood Support Scheme, or former Alliance House Organisation (AHO) scheme (The Macfarlane Trust, Eileen Trust, Skipton Fund or Caxton Foundation), on or before 17 April 2024.

Only a Personal Representative (the executor) named on the Grant of Probate, Confirmation, Letter of Administration, Grant de Bonis Non can make a claim for compensation.

If you are applying with a Chain of Representation, you will need to provide all Grants of Probate in the chain. A Chain of Representation arises where all other executors die before completing the administration of the estate (in this case before receiving the interim compensation payment).

If you are applying with a Power of Attorney, you will need to provide further documentation with your application. Further detail is at **Q7**.

Check your eligibility, view guidance and find further information on support available to complete this form at www.gov.uk/infected-blood-compensation-estates.

What you need before you apply

- [ ] **A certified copy of Grant of Probate (England, Wales, NI) / Confirmation (Scotland) / Letter of Administration / Grant de Bonis Non / Grants of Probate comprising the Chain of Representation.** If your original document was not in colour, a black and white copy will be accepted.

- [ ] **Certified colour copies of your identity documents:** These should be countersigned by a member of a recognised profession. Further information is available at **Annex A**.

Q1 - Information about the deceased infected person

Q1.1 Details of the deceased infected person

Title - *For example Mr, Mrs, Miss, Ms.*

First name

Middle name(s)

Last name

Any other names a person may have had - *for example before marriage.*

Date of Birth - *DD / MM / YYYY*

Date of Death - *DD / MM / YYYY*

Q1.2 Last known address of the deceased infected person

(!) *This address must match our records. If the deceased infected person lived at any other addresses when they registered with a current or former support scheme you may wish to include these at **Annex B** of this form.*

House number / name

Street name

Town / City

County

Postcode/Zip Code

Country

For example United Kingdom

Q1.3 Additional Information about the deceased infected person

The deceased infected person's Infected Blood Support Scheme number - *This means the registration number that would have been provided by the English, Scottish, Welsh or Northern Irish Support Schemes e.g. on correspondence.*

This information is not mandatory, however it may speed up your application.

The NHS Number of the deceased infected person (or CHI Number if they lived in Scotland or the H&C Number in Northern Ireland) - *You can find this on medical records or correspondence*.

This information is not mandatory, however it may speed up your application.

Place of infection - *the nation of the UK where the deceased person was infected ie. England, Scotland, Wales, Northern Ireland.*

Q2 - Providing information about you (the Personal Representative)

This section of the form should be completed by the Personal Representative (you).

(!) *Only an executor named on the Grant of Probate, Confirmation, Letter of Administration, Grant de Bonis Non or the final Grant of Probate comprising the Chain of Representation can make a claim for compensation. The executor who makes the claim (the personal representative) will need to receive and distribute any payment according to the deceased infected person's will or laws of intestacy.*

Title - *For example Mr, Mrs, Miss, Ms.*

First name of nominated lead Personal Representative

Middle name(s) of nominated lead Personal Representative

Surname of nominated lead Personal Representative

The full names of any other executors on the Grant of Probate, Confirmation, Letter of Administration or Grant de Bonis Non:

Q3 - Applying as an individual on behalf of an estate - if applicable

(!) *This section is for a lead executor applying as an individual. If you are a legal representative please do not complete **Q3**, go directly to **Q4**.*

*If you are applying with Power of Attorney over the executor, please also complete **Q7**.*

Q3.1 Additional details

Date of Birth - *DD / MM / YYYY*

Q3.2 Address

Please provide details of your home address.

House number / name	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom

Q3.3 Proof of Your Identity

You must provide proof of identity as part of your application.

Section A - certified **colour** copies of the following photo i.d.

- Passport **or**;
- driving licence (full or provisional)

These must be certified **colour** copies, countersigned by a member of a registered profession. Further information is available at **Annex A**.

If you do not have either of these documents, contact the relevant Infected Blood Support Scheme for more information.

The countersignature must:

- Write ‘certified to be a true copy of the original seen by me’ on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, address and telephone number

You may be contacted to provide original documents or provide further information to progress your application.

Section B - provide two of the following documents, which include the address you provided in ***Q3***.

- A bank, building society, credit card or pension/benefits statement, utility bills, local authority housing letters, Council Tax bill, TV license letter, or GP letter issued within the last 6 months. *This can be redacted to remove information about the purchases you have made.*

You may be contacted to provide original documents or provide further information to progress your application.

Now move onto Question 5

Q4 - Applying as a legal representative on behalf of an estate - if applicable

(!) *This section is for a lead executor who is a legal representative. If you are not a legal representative, do not complete **Q4**.*

Q4.1 Business Information

Professional Registration Number or Roll Number (in Northern Ireland)

Business Name

Reference Number - *This means the reference number you have given the estate claim for example - CLAIM 123456*

Q4.2 Business Address

Number	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom

Q5 - Supporting documents for your claim

To make a claim, you must be able to act on behalf of the estate you are claiming for.

Q5.1 Evidence of ability to act on behalf of the estate

Do you have a valid Grant of Probate (in England, Wales or Northern Ireland) or Confirmation (in Scotland), Letters of Administration, or Grant De Bonis Non?

☐ Yes

If yes, enclose a certified copy, countersigned by a member of a registered profession, with this form. Further information is available at **Annex A**.

If you do not possess a valid Grant of Probate, Confirmation, Letters of Administration, Grant De Bonis Non or the Grants of Probate which comprise the Chain of Representation, you will need to apply for one. Further information is available at www.gov.uk/infected-blood-compensation-estates.

If you are applying with a Chain of Representation, move onto Question 6.

If you do not have a Chain of Representation, move onto Question 7.

Q6 - Further supporting documents for your claim - Chain of Representation only

When applying with a Chain of Representation, you must provide further supporting information.

Q6.1 Evidence of the Chain of Representation

Do you have certified copies of the Grants of Probate for each step in the Chain of Representation?

☐ Yes

If yes, enclose certified copies of each Grant of Probate in the chain, countersigned by a member of a registered profession, with this form. Further information is available at **Annex A**.

If you do not possess a valid certified copy of each Grant of Probate in the chain, you will need to obtain these.

Q6.2 England and Wales only - Dates of past executor's death or resignation

If there are multiple executors on the previous Grant(s) of Probate, you will need to provide the dates of death (or dates of resignation) with your application.

Full name of Executor 1

Date of Executor 1's death

Full name of Executor 2

Date of Executor 2's death

Full name of Executor 3

Date of Executor 3's death

Full name of Executor 4

Date of Executor 4's death

Q6.3 Northern Ireland only - Letter from solicitor

In Northern Ireland, applicants with a Chain of Representation should attach a letter from a solicitor confirming that there is a Chain of Representation alongside their application for and identity documents.

Have you enclosed this information with your application?

☐ Yes

Please provide the following details about your solicitor, if you have not done so already at **Q4** above:

Professional Roll Number

Business Name

Reference Number - This means the reference number you have given the estate claim for example - CLAIM 123456

Business Address

Number	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom

Q6.4 Scotland only - Confirmation Ad Non Executa / Ad Omissa

Do you have a certified copy of a Confirmation Ad Non Executa or Confirmation Ad Omissa?

☐ Yes

If yes, enclose a certified copy of the Confirmation Ad Non Executa or Confirmation Ad Omissa, countersigned by a member of a registered profession, with this form. Further information is available at **Annex A**.

If you do not possess Confirmation, you will need to apply for one. Further information is available at https://www.gov.uk/infected-blood-compensation-estates/applying-for-probate-or-confirmation.

Q7 - Applying with Power of Attorney over the executor - if applicable

This section is for applicants applying with a Power of Attorney only. If you are not applying with a Power of Attorney, please skip to **Q8**.

Q7.1 Do you have Power of Attorney over the executor?

☐ Yes

Q7.2 If you answered yes to Q7.1, please enclose a certified copy of the Power of Attorney document with this form.

☐ Check this box to confirm you have enclosed a copy of the Power of Attorney with this form.

In ***Q3***, you provided the executor's address and proof of identity documents. Please now provide details about you.

Q7.3 Address

House number / name	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom

Q7.4 Proof of Your Identity

You must provide proof of identity as part of your application.

Section A - certified **colour** copies of the following photo i.d.

- Passport **or**;
- driving licence (full or provisional)

These must be certified **colour** copies, countersigned by a member of a registered profession. Further information is available at **Annex A**.

If you do not have either of these documents, contact the relevant Infected Blood Support Scheme for more information.

The countersignature must:

- Write 'Certified to be a true copy of the original seen by me' on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, address and telephone number

You may be contacted to provide original documents, provide further information to progress your application or where a spot check is required.

Section B - provide two of the following documents, which include the address you provided in ***Q3***.

- A bank, building society, credit card or pension/benefits statement, utility bills, local authority housing letters, Council Tax bill, TV License letter, or GP letter issued within the last 6 months. *This can be redacted to remove information about the purchases you have made.*

You may be contacted to provide original documents or provide further information to progress your application.

Q8 - Instructing a legal representative to distribute compensation - if applicable

This section is for applicants who intend to instruct a legal representative to receive payment and distribute compensation on their behalf only.

Q8.1 Do you intend to instruct a legal representative to distribute compensation on your behalf?

- ☐ Yes
- ☐ No

If yes, please enclose a signed letter from your solicitor alongside your application which includes the following:

- Solicitor's Professional Registration Number
- Solicitor's Name
- Business Name
- Business Address

Q9 - Contact details

Q9.1 Your preferred contact information

Phone Number 1

Phone Number 2

provide an alternative telephone number if you have one

Email address

Q9.2 How you'd like to be contacted

☐ Email

☐ Post - *sent to the postal address you have provided*

Q10 - Declarations

Before submitting your application, read and sign the following declarations.

I confirm the estate is entitled to make this claim and meets the requirements for eligibility under the Infected Blood Interim Compensation Payment Scheme.

☐

I confirm that as the Personal Representative of the estate, I will distribute this lump sum payment in accordance with the will of the deceased person or, where there is no valid will, the laws of intestacy. I understand that the UK Government and administrators of the Infected Blood Support Schemes are not responsible for the distribution of funds.

☐

I confirm that the information contained within the form is true to the best of my knowledge and that if I authorise false information this may result in criminal prosecution and the repayment of funds. I understand that my information may be shared with the Infected Blood Support Schemes and the NHS Counter Fraud Authority, NHS Scotland Counter Fraud Services and HSC Counter Fraud and Probity Service for the purpose of verification of this claim and for the investigation and prevention of fraud.

☐

Signature:

Date (DD/MM/YYYY):

Where to send this form

Send this form and certified copies of your supporting documentation to the Infected Blood Support Scheme in the part of the UK where the deceased person was infected.

- England: IBIEPS, PO Box 1390, 152 Pilgrim Street, NEWCASTLE UPON TYNE, NE99 5FP
- Wales: WIBSS, 4th Floor, Companies House, Crown Way, Cardiff, CF14 3UB
- Scotland: SIBSS, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB
- Northern Ireland: IBPS NI, Finance Directorate, Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ

What happens next

The Infected Blood Support Scheme which processed your application will send you confirmation that your form has been received via email or letter, depending on your communication preferences.

Your personal information, and how we treat it

We will treat your personal information carefully, and will use it for the purposes of processing your application form, making your compensation payments and for checking you have not made a similar application to another UK scheme.

To learn about your information rights and how we use it, please visit the website of the IBSS you are sending your application to.[1]

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[1] England: https://www.nhsbsa.nhs.uk/our-policies/privacy/england-infected-blood-supportscheme-privacy-notice
Scotland: https://www.nss.nhs.scot/publications/practitioner-services-directorate-and-primary-carecontractor-finance-data-protection-notice/practitioner-services-directorate-and-primary-care-contractorfinance-data-protection-notice/
Wales: https://wibss.wales.nhs.uk/privacy-policy/#:~:text=The%20personal%20data%20we%20process&text=Date%20of%20birth,people%20all%20of%20the%20time
Northern Ireland: https://bso.hscni.net/about-bso/privacy-policy/

Annex A: Identification documents.

You must provide proof of identity as part of your application. These must be certified **colour** copies, countersigned by a member of a registered profession (Further information below).

The countersignature must:

- Write ‘Certified to be a true copy of the original seen by me’ on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, address and telephone number

You may be contacted to provide original documents or provide further information to progress your application.

Recognised Professions

Examples of recognised professions include:

- bank or building society official
- councillor
- minister of religion
- dentist
- chartered accountant
- solicitor or notary
- teacher or lecturer
- civil servant (permanent)

The person you ask should not be:

- related to you
- living at the same address
- in a relationship with you

Annex B: Previous addresses of the deceased infected person

In order to process your application, address details for the deceased infected person must match those on our records. You may therefore wish to provide other known addresses to help avoid any delays in processing your application.

Additional Address 1

House number / name	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom

Additional address 2

House number / name	
Street name	
Town / City	
County	
Postcode/Zip Code	
Country	

For example United Kingdom