UK Government

Infected Blood Interim Payments to Estates:

Applying as a registered professional on behalf of an executor who is a company

October 2025. Version 1

Who this form is for

Company executors of an eligible estate of a deceased infected person can appoint a registered professional to 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 the 17th April 2024.

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

Types of registered professionals who can act on behalf of a company for the purposes of Infected Blood Interim Payments to Estates

Accepted registered professionals who have been appointed by a company who is the executor of the estate of the deceased infected person include:

- Solicitor / legal representative
- Accountant
- Financial advisor

If you are a registered professional who has been appointed by a company (executor) to apply for an estates interim payment but your profession is not listed above, please contact the Infected Blood Support Scheme in the part of the UK where the person who died was infected for further guidance.

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/ Chain of Representation naming the company as the executor of the deceased infected person's estate.** If your original document was not in colour, a black and white copy will be accepted.

- ☐ **A formal signed letter appointing you, the registered professional, to act on behalf of the company in applying for an interim payment**. This must be on company letterhead, signed by a company employee and include their position at the company, the company's registered name, address, registration number and Unique Taxpayer Reference.

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 appointed registered professional) and your regulated firm - solicitor/legal representative

This section of the form should **only be completed by a solicitor/ legal representative** (you) who has been appointed by the company (the executor) to apply for an interim compensation payment on behalf of the estate.

Q2.1 Solicitor/legal representative's information

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

First name of appointed solicitor/legal representative

Middle name(s) of solicitor/legal representative

Surname of solicitor/legal representative

Professional Registration Number or Roll Number (in Northern Ireland)

Business Name

Q2.2 Solicitor/legal representative's 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*

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

For example United Kingdom

Now move onto Question 5

Q3 - Providing information about you (the appointed registered professional) and your regulated firm - chartered accountant

This section of the form should **only be completed by a chartered accountant** (you) who has been appointed by the company (the executor) to apply for an interim compensation payment on behalf of the estate.

Q3.1 Chartered accountant's information

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

First name

Middle name(s)

Surname

Date admitted to the Institute of Chartered Accountants in England And Wales (ICAEW), Institute of Chartered Accountants in Scotland (ICAS) or Chartered Accountants Ireland (CAI)

Q3.2 Chartered accountant's firm information

Business name of the ICAEW, ICAS or CAI regulated firm where the chartered accountant works

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

Address of the ICAEW, ICAS or CAI regulated firm where the chartered accountant works

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

For example United Kingdom

Now move onto Question 5

Q4 - Providing information about you (the appointed registered professional) and your regulated firm - financial advisor

This section of the form should **only be completed by a financial advisor** (you) who has been appointed by the company (the executor) to apply for an interim compensation payment on behalf of the estate.

Q4.1 Financial advisor's information

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

First name

Middle name(s)

Surname

Individual Reference Number provided by the Financial Conduct Authority (FCA)

Q4.2 Financial advisor's business information

Business Name

Reference Number of the appointed financial advisor's financial advisory firm, provided by the FCA

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

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

For example United Kingdom

Now move onto Question 5

Q5: Providing information about the company who is the Executor named on the Grant of Probate/ Letter of Administration/ Confirmation

(!) *The company (executor) should have issued a formal signed letter appointing you, the registered professional, to act on their behalf in applying for an interim payment.*

Q5.1 Company Information

Company Name

Company Registration Number

Company's Unique Taxpayer Reference (UTR). A 10-digit number e.g. '1234567890'

Q5.2 Company Address

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

For example United Kingdom

Q5.3 Details of other executors

The full names of any other executors on the grant of probate, confirmation or letter of administration:

Q6 - Supporting documents for your claim

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

Q6.1 Evidence of ability to act on behalf of the company who is the executor of the estate

Do you have a valid Grant of Probate (in England, Wales or Northern Ireland), Confirmation (in Scotland), Letters of Administration, Grant de Bonis Non or Chain of Representation, naming the company who appointed you as the executor of the deceased infected person's estate?

☐ 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 or Grant de Bonis Non, you will need to apply for one. Further information is available at www.gov.uk/infected-blood-compensation-estates.

Do you have a formal signed letter appointing you, the registered professional, to act on behalf of the company in applying for an interim payment?

This letter must be on company letterhead, signed by a company employee and include their position at the company, the company's registered name, address, registration number and Unique Taxpayer Reference.

☐ Yes

If yes, enclose a copy with this form. If you do not have this formal letter of appointment, you will need to obtain one before submitting your application as your application will not be able to be processed without this.

Q6.2 Corporate Power of Attorney - if applicable

Do you have a corporate Power of Attorney appointing you or your firm to act on behalf of the company executor?

A Corporate Power of Attorney could be a legal document, such as a deed, that allows a person or organisation to act on behalf of a company in business matters, such as signing contracts or assisting with probate matters.

☐ Yes

If yes, enclose a copy with this form.

If you have a Chain of Representation, please move onto Question 7.

If you do not have a Chain of Representation, please move onto Question 8.

Q7 - Further supporting documents for your claim - Chain of Representation only

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

Q7.1 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.

Q7.2 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

Q7.3 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:

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

Q7.4 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.scotcourts.gov.uk/taking-action/dealing-with-a-deceaseds-estate-in-scotland/guide-to-dealing-with-a-deceaseds-estate-in-scotland/. www.gov.uk/infected-blood-compensation-estates.

Q8 - Contact details

Q8.1 Your preferred contact information

Phone Number 1

Phone Number 2

provide an alternative telephone number if you have one

Email address

Q8.2 How you'd like to be contacted

☐ Email

☐ Post - *sent to the postal address you have provided in Q2, Q3 or Q4*

Q9 - 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 Estates Payment Scheme.

☐

I confirm that as the Professional Representative of the estate, I or the company executor 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. Company information provided in this application may be shared with HMRC for verification.

☐

Signature of applicant:

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 that the company is the executor of the deceased infected person's estate as part of your application, i.e. Grant of Probate. These must be certified 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