

This Indemnity may be completed where a Grant of Representation is not being applied for and the total deposited in Kingdom Bank Ltd does not exceed £15,000.

Account No	<input type="text" value="1"/>	Total balance as at the date of death	£ <input type="text"/>
	<input type="text" value="2"/>		
	<input type="text" value="3"/>		
Full name of the deceased	<input type="text"/>		
Address of the deceased	<input type="text"/>		
	<input type="text"/>		
Post code	<input type="text"/>	Date of death	<input type="text"/>

Declarations

I am/we are*

*the Executors named in the will of the deceased

or

*the person beneficially entitled to receive the monies in the above numbered account(s).

I/We* confirm that I/We* do not intend to apply for a Grant of Representation and one has not been obtained.

I/We* undertake to indemnify and keep indemnified Kingdom Bank against any claims arising from the deceased's account(s) and any losses or costs which may be incurred in consequence of any payment or transfer made.

I/We* request Kingdom Bank to make payment of, or transfer the monies in the above accounts to me/us*.

If the total balance is less than £5,000 complete section 1 and 2 overleaf

If the total balance is £5,000 to £15,000 complete section 1 and 3 overleaf

Please provide details of the bank account which we should send the funds to.

Name of account holder	<input type="text"/>	Sort Code	<input type="text"/>
Account No	<input type="text"/>	Reference	<input type="text"/>

Section 1			
	Declarant 1	Declarant 2	Declarant 3
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 2			
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 3			
Declared at _____ Before me _____ Solicitor/Commissioner for Oaths/Justice of the Peace/Notary Public (Scotland). Signature: _____ Date: _____ I/We* make this solemn declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act 1835 Signature of Declarant(s)			
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

* delete as appropriate

When completed this form should be returned to the offices of Kingdom Bank Ltd along with an original or certified copy of the death certificate if one has not already been sent.