

## Grant of Representation Fee Claim Form

### Withdrawals are payable by electronic payment or cheque

The form is only for use where the amount applied for is to be used for payment of the court fee to obtain a grant of representation\* and is subject to a maximum payment of £600.

This form must be completed by all the personal representative(s) responsible for administering the estate of the deceased customer named below. Where a solicitor is acting for the personal representatives, the form must still be completed by the personal representatives who may nominate the solicitor's client account as the account to which the funds are to be sent. Solicitors appointed as personal representatives must complete the form in their capacity as personal representatives using the Solicitor details section.

\*The term "representation" covers both a Grant of Probate (where there is a Will) or Letters of Administration.

**Please use black ink and write in CAPITALS.**

Personal Representative(s) of

Kent Reliance account number(s)

### Personal Representative's details 1

Title  Mr  Mrs  Miss  Ms Other

Forename

Middle name(s)

Surname

Date of birth  /  /  (DD/MM/YYYY)

Preferred contact number

Property number  and/or

Property name

Street

Town

County

Postcode

### Personal Representative's details 2

Title  Mr  Mrs  Miss  Ms Other

Forename

Middle name(s)

Surname

Date of birth  /  /  (DD/MM/YYYY)

Preferred contact number

Property number  and/or

Property name

Street

Town

County

Postcode

### Personal Representative's details 3

Title  Mr  Mrs  Miss  Ms Other

Forename

Middle name(s)

Surname

Date of birth  /  /  (DD/MM/YYYY)

Preferred contact number

Property number  and/or

Property name

Street

Town

County

Postcode

### Personal Representative's details 4

Title  Mr  Mrs  Miss  Ms Other

Forename

Middle name(s)

Surname

Date of birth  /  /  (DD/MM/YYYY)

Preferred contact number

Property number  and/or

Property name

Street

Town

County

Postcode

We will verify the identity details provided in order to comply with our legal and regulatory obligations including UK anti-money laundering regulations and for the purposes of ongoing fraud detection and reporting. Our full privacy policy can be found at [kentrelance.co.uk/legal/privacy-policy](http://kentrelance.co.uk/legal/privacy-policy)

### Solicitor details

If a solicitor is the personal representative or acting for the personal representative(s), they will need to complete this section.

Solicitor's name	<input type="text"/>	<b>Address of organisation</b>	
Name of organisation	<input type="text"/>	Property number	<input type="text"/> and/or
Reference	<input type="text"/>	Property name	<input type="text"/>
Phone number	<input type="text"/>	Street	<input type="text"/>
		Town	<input type="text"/>
		County	<input type="text"/>
		Postcode	<input type="text"/>

I am acting as the personal representative

I am acting on behalf of the above personal representative(s)

### Option 1 – Electronic payment

Please transfer the amount required below (up to a maximum of £600) to the account detailed below to cover the cost of the grant of representation court fee. **Please note**, we are able to send funds electronically to the personal representative(s) or solicitors.

Full account name	<input type="text" value=""/>	Max 18 characters
Sort code	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/>	
Account number	<input type="text" value=""/>	
Reference*	<input type="text" value=""/>	Max 16 characters
Amount	<input type="text" value=""/>	

Please carefully check the above account information. It is your responsibility to provide us with the correct information for this payment.

Prior to releasing funds, we will need to verify that all requirements have been met. Once this has been confirmed, payment will be processed and made by the next working day.

To comply with anti-money laundering procedures we will electronically verify the above account. If this cannot be verified electronically we will request further proof in the form of a bank statement or cancelled cheque. If you cannot provide this, a cheque will be made payable to the payee details mentioned above.

\* Please note this reference will be shown on the recipient's bank statement.

### Option 2 – Funds paid by cheque

Please provide a cheque for the amount required below (up to a maximum of £600) to the payee detailed below to cover the cost of the grant of representation court fee. **Please note**, we are able to issue a cheque in the name of the personal representative(s), solicitors or the relevant court to which the application is being made.

Cheque payable to (please provide full names)	<input type="text" value=""/>
Amount	<input type="text" value=""/>
Please send cheque to:	
Name	<input type="text" value=""/>
Address	<input type="text" value=""/>
	<input type="text" value=""/>
	Postcode

### Office use only

Cheque withdrawn and issued in a branch

## Declaration

1. I am/We are the personal representative(s) of the deceased customer named above (“the deceased”) and responsible for applying to the Court for a grant of representation to administer the deceased’s estate.
2. I/We confirm that the funds requested above will be used to pay the court fee to enable the Court to issue the appropriate grant of representation.
3. In consideration of OneSavings Bank plc T/A Kent Reliance paying the funds as requested above held by it in the name of the deceased I/we give this indemnity in my/our capacity as the deceased’s personal representative(s).
4. I/We will be responsible for any losses or costs OneSavings Bank plc T/A Kent Reliance suffers as a result of the release of the funds requested above.
5. I/We agree to pay back to OneSavings Bank plc T/A Kent Reliance all monies it has paid to me/us in reliance on this representation together with any costs reasonably incurred by OneSavings Bank plc T/A Kent Reliance in dealing with a claim relating to the funds requested above.

Signature  Name   
Date

Signature  Name   
Date

Signature  Name   
Date

Signature  Name   
Date

## For office use

Customer number  Auth 1  Auth 2  Branch  Date  Cheque number

ID details

Notes

