

SMALL ESTATES DECLARATION AND INDEMNITY

Please complete this form to request the closure of a deceased customer's individual account(s) and the release of funds. This form should be used where the total balance across all personal accounts is £10,000 or less and no Grant of Representation has been obtained.

This form may be completed by:

- The Executor(s) named in the deceased's valid will; or
- The deceased's Next of Kin (those individuals entitled to the estate under the rules of intestacy).

Data Protection

All personal data will be processed in accordance with HBL Bank UK's Privacy Policy and applicable data protection laws. For further details on how we handle personal data and your rights, please see our Privacy Policy.

Section 1 - Deceased Account Holder Details

| |
|-------------------------|
| Full name: |
| Date of birth: |
| Date of death: |
| Address: |
| Customer number: |
| Account number: |
| Sort code/IBAN: |
| Balance: |

Section 2 - Details of Executor/Next of Kin

I/we declare that:

- The deceased left a valid Will and I am/ we are the Executor(s) named the Will
- The deceased did not leave a valid Will and I am/ we are the deceased's Next of Kin

Executor/Next of Kin 1

| |
|--------------------------------------|
| Full name: |
| Date of birth: |
| Relationship to the deceased: |
| Address |
| Contact number |
| Email address |

Executor/Next of Kin 2

| |
|--------------------------------------|
| Full name: |
| Date of birth: |
| Relationship to the deceased: |
| Address |
| Contact number |
| Email address |

Executor/Next of Kin 3

| |
|--------------------------------------|
| Full name: |
| Date of birth: |
| Relationship to the deceased: |
| Address |
| Contact number |
| Email address |

Executor/Next of Kin 4

| |
|--------------------------------------|
| Full name: |
| Date of birth: |
| Relationship to the deceased: |
| Address |
| Contact number |
| Email address |

Section 3 – Payment and Closure Instructions¹

I/we the Executors/ Next of Kin request HBL Bank UK to close the above mentioned account and pay the balance to the following bank account:

| |
|--------------------------------|
| Name of account holder: |
| Account number/ IBAN: |
| Sort code/ BIC/ SWIFT: |
| Bank name: |
| Bank address: |

Section 4 – Declaration and Indemnity

I We, the Executor(s) or Next of Kin, declare and agree as follows:

1. The information provided on this form and in relation to this matter is complete and correct.
2. I/We authorise HBL Bank UK Limited to conduct checks to verify my/our identity(ies).
3. I/We are the Executor(s) named in the deceased's valid will, or where there is no will, I/We are the deceased's Next of Kin and have the consent of all persons entitled to the entirety of the deceased's estate under the intestacy rules to instruct HBL Bank UK Limited in relation to the deceased's account(s).
4. I/We confirm that a Grant of Representation has not been obtained.
5. I/We instruct HBL Bank UK Limited to close the deceased's account(s) and pay the balances to me/us without requiring the production of a Grant of Representation.
6. I/We acknowledge and agree that HBL Bank UK Limited may, at its sole discretion, decide whether to act on my/our instruction.

¹ Payment instructions must be to an account held in the name of an Executor/ Next of Kin or their duly appointed legal representatives.

7. I/We agree and authorise HBL Bank UK Limited to provide our contact details to any person seeking to make a claim for the funds in the deceased's account(s).
8. HBL Bank UK Limited may use any funds remaining in the deceased's account(s) to repay any debts owed by the deceased to HBL Bank UK Limited.
9. In consideration of HBL Bank UK Limited closing the deceased's account(s) and paying the balance in accordance with this request, I/We jointly and severally agree to indemnify and keep HBL Bank UK Limited indemnified against all losses, claims, demands, damages, suits, and proceedings, and all related costs, charges, and expenses arising directly or indirectly as a result of HBL Bank UK Limited complying with this request.
10. I/We will hold ourselves jointly and severally liable to HBL Bank UK Limited as debtors for any claim made against it by any person in respect of the payment of the account balance(s) and undertake to pay the full amount of any such claim to HBL Bank UK Limited within seven (7) days of receipt of a demand.
11. I/We agree that our liability under this indemnity will not be released or discharged by any time or other indulgence granted to us by HBL Bank UK Limited.
12. I/We agree that this document forms a legally binding agreement between us and HBL Bank UK Limited, governed by the laws of England, with the English courts having exclusive jurisdiction to determine all issues arising hereunder.
13. I/We have read and agree to the terms of this agreement and to HBL Bank UK Limited's Privacy Policy.

Signature(s) of Executors/Next of Kin

Executor/Next of Kin 1

Name: _____

Signature: _____

Date: _____

Executor/Next of Kin 2

Name: _____

Signature: _____

Date: _____



Executor/Next of Kin 3

Name: _____

Signature: _____

Date: _____

Executor/Next of Kin 4

Name: _____

Signature: _____

Date: _____