## KentReliance

## **Deceased Estate Indemnity Form**

I/We (full name)			
of (address)			
			Postcode
Represent that:			
(1) full name of deceased			
Formerly residing at			
			Postcode
Died on	D D / M M / Y	Y	
(0) 1 (1) 1 (1) 1			. 70.16
	•	_	k T/A Kent Reliance not exceeding
£ (in	cluding interest) under account nu	mber(s)	
(3) I am/we are the		of the decea	sed and the only person(s) entitled to receive
the said sum of money. In cons		T/A Kent Relia	nce paying to me/us the funds held by it in the
•	ny/our representation of being entit		
I/We give this indemnity both in Beneficiary(ies)/Executor(s).	n my/our personal capacity and as	the claimant/de	eceased's Personal Representative(s)/
	y losses or costs OneSavings Ban	ık plc T/A Kent F	Reliance suffers as a result of any other person
•			pay to me/us under the terms of this agreement.  n this representation together with any costs
	nk in dealing with the claim made I		· · · · · · · · · · · · · · · · · · ·
Signed		Signed	
Date D D /	M / Y Y Y Y	Date	DD/MM/YYYYY
Signed		Signed	
Dete Dete		Det-	
Date D D / I		Date	