Personal Representative 1	Personal Representative 2
I enter names	ı enter names
of enter address	of enter address
Postcode	Postcode
Date of Birth* Tel No.	Date of Birth* Tel No.
Email	Email
Before any funds can be released we will need to identify all acting Personal Representatives. In the first instance, the Society will attempt to check your identity electronically based on the information you provide. By signing this form you give your consent for us to do this. If we are unable to do this, we will require documents to verify your identity. We will let you know if these are required. If the Personal Representative is an existing customer who we have previously taken identification from, we will not need to identify them. *This is required to complete electronic identification. For information on how the Society will use your personal details, please refer to the West Brom's Third Party Privacy Notice which is available at www.westbrom.co.uk/privacy-notice or from one of our branches.	
do solemnly and sincerely declare as follows:	
Name of Deceased:	
Address of Deceased:	
	Postcode
who was a Member of/Depositor in West Bromwich Building Society ('the Societ	
Account number(s):	died on:
No Grant of Administration or Probate has been or will be taken out to his/her	
And I/we make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the Statutory Declaration Act 1835. Should I/we subsequently become disentitled to such moneys as claimed on this form I/we undertake to repay such moneys to the Society for distribution as so determined by law. For the avoidance of doubt this also means that I/we agree to indemnify the Society against all damages, costs, expenses and liabilities which may be suffered or incurred by the Society by reason of any claim or demand made against the Society as a result of the Society releasing the said moneys to me/us. (Please note: unless otherwise stated the closing cheque will be made payable to the Personal Representative(s) named above.)	
Cianathus 1	Signature 2
Signature 1:	Signature 2:
Declared at	
In the County of	
This day of	20
Before me (a Solicitor, Commissioner for Oaths (including Barristers, Notaries	FOR OFFICE USE ONLY
and Chartered Legal Executives), or an Authorised County Court Official):	Date Received:
Company Name and Address (or stamp)	Death Cert. Number:
	Account Number:
	Date Closed:
	Transferred to:
Name:	Closing Figure:
Signature:	Cust 1 ID 1:
Contact number:	Cust 1 ID 2:
	Cust 2 ID 1:
	Cust 2 ID 2:
	Checked by: (inc Staff number)

