Notice Of Bereavement

Harpenden Building Society

This form will be scanned electronically; please help us to deal with your request correctly by writing inside the boxes in BLOCK CAPITALS and using black ink.

PLEASE DETAIL THE ACCOUNT(S) HELD BY THE LATE CUSTOMER

Roll Number 1	
Roll Number 2	
Roll Number 3	
Roll Number 4	

SOLICITORS DETAILS

Solicitor's name	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Forename(s)	
Surname	

Address

Property Number	and/or Property name
Street	
Town	Postcode
Work number	
Email	

Would you like correspondence to be sent to the Solicitors? ☐ Yes ☐ No

PERSONAL REPRESENTATIVES DETAILS

Name	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Forename(s)	
Surname	

Residential Address

Property Number	and/or Property name
Street	
Town	Postcode
Home number	
Mobile number	
Work number	

Would you like all correspondence to be sent to the Personal Representative? ☐ Yes ☐ No