

Declaration of Nearest of Kin

Form 210

Please complete using BLOCK CAPITALS and black ink

Account Title:
(Client's Full Name)

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CFO Account Number:

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Case Number:

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Case relates to a **Court of Protection Client** **Child** **Neither** (Please tick one box)

Applicant's Details:

Name(s)
(Full Name)

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Address (es):
(inc. postcode)

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I, the applicant as named above at the address noted, declare that I am the

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(state relationship) and nearest of kin of

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(deceased's name) who died on ___/___/20__.

I have / have not (*delete as applicable*) taken out a Grant of Representation to their estate and am entitled to receive the sum of £ . plus accrued interest directed to be paid to them or to their legal personal representative, when constituted, by an order dated ___/___/____. I will distribute the estate according to the rules of intestacy / their will (*delete as applicable*).

The total value of the assets of the deceased, including the above sum, does not exceed £5,000.

I make this declaration believing it to be true. I request you to pay the above sum to the bank or building society account below.

Declaration: This declaration must be made before any person before whom an affidavit may be sworn such as a practicing solicitor, Commissioner for Oaths, Notary Public or a Justice of the Peace.

Signature		Dated:	/ 200
Declared at:		In the county of:	
Before me:	(Print Name and Sign)		
Address:	(inc. postcode)		
Qualification:		Tel No	

Bank Details for Payment

Account title:			
Name of bank:			
Bank address:			
Account Number:		Sort Code:	

