

Statutory Declaration by Next of Kin

For use where no Will is produced

SWANSEA
BUILDING SOCIETY

Established 1923

www.swansea-bs.co.uk

To Swansea Building Society :

Re :

Account Name		Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I :

Name												
Of (current address)												
											Postcode	

do solemnly and sincerely declare as follows that:

- | | | | | | | | | | | | | |
|---|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---------------------------------|--|
| I am/We are the lawful next of kin or lawful representative of: | | | | | | | | | | | | |
| Name | | | | | | | | | | | (the Deceased) | |
| Late of (address) | | | | | | | | | | | | |
| | | | | | | | | | | | Postcode | |
| Who died on (date) | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Hereafter called "the Deceased" | |
- | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| I am/We are the person(s) entitled under law for the time being in force to receive the funds standing to the credit of the Deceased, with the Swansea Building Society (such funds not exceeding twenty thousand pounds) and have this day provided evidence of the Deceased's death. | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
- | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835. | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
- | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| I/We hereby undertake to indemnify the Society from and against all claims and demands against the funds of the Society from any other person in respect of the closure of the account(s) held by the deceased detailed above | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|

Name																					
Signed											Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name																					
Signed											Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witnessed at											Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Witnessed by											Signed										
Commissioner for Oaths / Solicitor / Justice of the Peace (delete as appropriate)																					