

To: DANSKE BANK A/S ("Danske") - Estate Handling Team

Small Estate Indemnity Form for Release of Funds without Grant of Probate / Grant of Letters of Administration (the "Form")

### 1. Customer Details

Full name of deceased: \_\_\_\_\_

The deceased's last address \_\_\_\_\_

The deceased had the following account (s) with Danske:

Account Number(s) (if known)	Sort Code(s) (if known)	Balance € (if known)
<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"/>

The total sum of the amounts above is € \_\_\_\_\_ (a total less than €25,000)

What is the gross value of the deceased's estate? € \_\_\_\_\_

What debts were owing at the deceased's date of death? € \_\_\_\_\_

What arrangements are being made to discharge these debts? \_\_\_\_\_

How much were the funeral expenses? € \_\_\_\_\_

Have the funeral expenses been paid? If so, by who? \_\_\_\_\_

The deceased left the following persons as surviving next of kin \_\_\_\_\_

### 2. Indemnity - Instruction to close Sole accounts

In consideration of Danske paying the undersigned the balance and any additional interest standing to the credit of the deceased's account(s) at Danske without production of Grant of Probate / Grant of Letters of Administration (neither having been obtained), the undersigned undertake(s) and agree(s) to indemnify Danske from and against all actions, proceedings, claims and demands which may be brought or made against Danske and all losses, costs, charges and expenses which Danske may incur or sustain either directly or indirectly by reason of Danske so paying the said sum and the undersigned declare(s) that the net value of the said deceased's gross estate after payment of all debts does not exceed the sum of:

€25,000

And we agree that where the undersigned is more than one our liability shall be joint and several.

This Indemnity shall be governed by and construed in accordance with the laws of Ireland.

**Closure Authority**

I / We hereby authorise and request you to close the above mentioned account(s), with the balance and any accrued interest to be:

Credited to the following bank account (other than a Danske Bank A/S IRL account)

Account Name: \_\_\_\_\_

BIC: 

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IBAN: 

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**(2<sup>nd</sup> signatory where appropriate)**

Name in Full \_\_\_\_\_

(in Block Letters)

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to deceased

Husband / Wife

Son / Daughter

Parent

Brother / Sister

Other - Please specify \_\_\_\_\_

Name in Full \_\_\_\_\_

(in Block Letters)

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to deceased

Husband / Wife

Son / Daughter

Parent

Brother / Sister

Other - Please specify \_\_\_\_\_

**Signature of Indemnifier**

**Signature of Indemnifier**

**In the Presence of:**

Signature of Witness \_\_\_\_\_

Name in Full \_\_\_\_\_

(in Block Letters)

Address \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

Date: \_\_\_\_\_

**In the Presence of:**

Signature of Witness \_\_\_\_\_

Name in Full \_\_\_\_\_

(in Block Letters)

Address \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

Date: \_\_\_\_\_

**(ID & Address verification for all parties executing as Indemnifier is a legal requirement and must be provided in accordance with Danske Bank procedures. Certified copies of these documents must be attached to this indemnity)**