

## **Bereavement Registration Form**

This form is to be used to register the death of a Savings account holder of Bath Building Society. Please read our **A Bereavement Guide** brochure for more information. You can find this on our website or at one of our Branches.

## **Details for the Deceased**

Title:	Forename(s):				
Surname:	Date of birth:				
Existing account numbers:					
Residential address:					
Date of death:					
Details for the Executor					
Title:	Forename(s):				
Surname:	Date of birth:				
Contact number:	Email address:				
Existing account numbers:					



Current address:				
If you have lived at your address for less than 2 years, please give your previous address:				
Declaration				
This declaration ap	pplies to each individual that signs this document.			
I agree to give Bath Building Society a copy of the Death Certificate for the deceased, as well as identification for myself. I understand I do not have access to the deceased's account(s) until these documents are provided.				
I agree that the information given on this form is correct and has all the information I can provide. If I remember any information that has not been given on the form or if any information changes, I will let Bath Building Society know within 30 days.				
I have read a copy of the Bath Building Society Privacy Notice. I am aware that a copy of the Privacy Notice is available on request or by visiting our website.				
	Bath Building Society does not share my information with narketing purposes.			
Signatory name:				
Signature:				



Date:
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Please return the form to our Head Office address at Head Office, 15 Queen Square, Bath BA1 2HN. You can also return it to one of our Branches, or by email to <a href="mailto:savings@bibs.co.uk">savings@bibs.co.uk</a>

## For Office use:

Actioned by:	Checked by:	
Date received:	Received at:	

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