

Notification of death

For completion on the death of a current account customer.

Please place an X in the appropriate box(es) below:

Any field containing * is a mandatory field and must be completed.

Please read the notes overleaf before completing form.

Section 1 – Details of deceased customer

Title*	<input type="text"/>	First name*	<input type="text"/>	Surname*	<input type="text"/>				
Date of birth*	<input type="text"/>	Date of death*	<input type="text"/>	Variations* (e.g. First name/Maiden name)	<input type="text"/>				
Address of deceased*	<input type="text"/>				Previous address of deceased* (if applicable)	<input type="text"/>			
	<input type="text"/>					<input type="text"/>			
	<input type="text"/>					<input type="text"/>			
	<input type="text"/>	Eircode	<input type="text"/>		<input type="text"/>	Eircode	<input type="text"/>		
IBAN* (Account being closed)	<input type="text"/>								

Section 2 – Account type – See note 1 overleaf

Sole Joint Joint account survivor details

Title*	<input type="text"/>	First name*	<input type="text"/>	Surname*	<input type="text"/>			
Address*	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>				Eircode	<input type="text"/>		
IBAN* (Account being closed)	<input type="text"/>							

Section 3 – Relationship

1. Did the deceased leave a Will? If Yes, please complete question 2 / If No, please complete question 3. Yes **or** No
2. Is it intended to obtain grant of probate? Yes **or** No
3. If there is no Will, is it intended to extract letters of administration? Yes **or** No

Section 4 – Name and address for reply

IBAN* (Account being closed)	<input type="text"/>								
Title*	<input type="text"/>	First Name*	<input type="text"/>	Surname*	<input type="text"/>				
Contact telephone number*	<input type="text"/>								
Address for reply*	<input type="text"/>								
	<input type="text"/>								Eircode

Section 4 – Name and address for reply

I/We, in my/our capacity as* , wish to notify An Post of the death of the person named in Section 1.

Title*	<input type="text"/>	First name*	<input type="text"/>	Surname*	<input type="text"/>
Signature*	<input type="text"/>			Signature*	<input type="text"/>

The notification of death must be returned with the death certificate

Return to: An Post Money, BillPost, Enterprise House, Cappa Road, Kiltrush, Co. Clare, V15 VX23.

Notification of death

Notes

General information

Please complete the form in **BLOCK CAPITALS** using black or blue ink. Where applicable your instructions should be confirmed by placing an X in the preference box as follows: Please provide as much of the information as you can, any missing information may delay processing of the case.

The completed notification of death form must be accompanied by the original death certificate or a copy certified by a Post Office Official, member of An Garda Síochána or a solicitor/commissioner for oaths. Original documents will be returned to you. A certified copy is a photocopy of the original document which has been stamped and signed by a post office official, member of An Garda Síochána or a practising solicitor/commissioner for oaths to certify that it is a true copy of the original document which they have sighted.

To help us process the case as quickly as possible, please ensure:

- (i) You have provided all relevant information**
- (ii) You have completed and signed the relevant sections**
- (iii) You have forwarded the death certificate**

1. Account type – Section 2

Please select Sole or Joint account by placing an in the preference box. In the case of a Joint account, survivors details should be completed.

2. Signature – Section 5

Please state your 'capacity' in dealing with the deceased's estate e.g. administrator, executor, nominee, next of kin, personal representative, survivor.

Personal data

An Post is the data controller for An Post Money Current Account. Any personal data returned by you to us on this form will be used by An Post and its authorised agents for the administration of An Post Money products and accounts.

Official use only

Signature checked		Amedment(s) completed		Date		Case no.	
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