

Please take time to complete this form as accurately as possible using BLOCK CAPITALS. Fields marked with an * are mandatory and need to be completed.

1. DECEASED CUSTOMER'S PERSONAL DETAILS

*First Name:	<input type="text"/>	*Surname:	<input type="text"/>
*Address:	<input type="text"/>	*Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
*County:	<input type="text"/>	*Date of Death:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Eircode:	<input type="text"/>		

2. DECEASED CUSTOMER'S ACCOUNT DETAILS

Please tick the box relevant to the account(s) the customer holds with us and enter their account number, if known, in the corresponding section.

<input type="checkbox"/> Bankinter Deposit	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"/> <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="checkbox"/> Avant Money Mortgage	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"/> <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="checkbox"/> Avant Money / An Post Money Loan	Account Number:	<input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 0 <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"/> <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="checkbox"/> Avant Money / An Post Money Credit Card	Account Number:	<input type="text"/> 2 <input type="text"/> 4 <input type="text"/> 5 <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"/> <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"/>

If the deceased held multiple deposit, mortgage, loan or credit card accounts, please enter the additional account numbers in section 5 – Additional Details

3. NOTIFYING PERSON/ EXECUTOR(S)/ ADMINISTRATOR(S) / PERSONAL REPRESENTATIVE(S) DETAILS

*Full Name:	<input type="text"/>	*Contact Number:	<input type="text"/>
*Address:	<input type="text"/>	*Relationship to the deceased:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Executor <input type="checkbox"/> Solicitor <input type="checkbox"/> Other, please specify: <input type="text"/>
*County:	<input type="text"/>		
Eircode:	<input type="text"/>		
Email Address:	<input type="text"/>		

Bankinter S.A., trading as Bankinter, is authorised by the Banco de España in Spain and is regulated by the Central Bank of Ireland for consumer protection rules.

Bankinter S.A. Registered in Spain: Madrid Mercantile Register (Registro Mercantil de Madrid), Volume 1857, Folio 220, Page 9643. Registered office: P. de la Castellana 29, 28046, Madrid, Spain. Registered Irish branch: Dublin Road, Carrick-On-Shannon, County Leitrim, no: 910258.

4. SOLICITOR DETAILS

*I confirm a solicitor has been appointed: Yes No

*Solicitor's Name: *Solicitor's Firm Name:

*Solicitor's Address: *Solicitor's Phone Number:

*Solicitor's Email Address:

*County:

Eircode:

5. ADDITIONAL DETAILS

Please outline any additional information you may wish to include in your notification:

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6. PLEASE TICK THE BOXES BELOW TO LET US KNOW WHICH DOCUMENTATION YOU HAVE ATTACHED.

Please do not send original documentation. We are happy to accept copies. (Certified copies where stated)

FOR PAYING FUNERAL DIRECTOR EXPENSES FROM ACCOUNT(S) OF THE DECEASED

- A certified copy of the death certificate / proof of death
- An invoice from the funeral directors
- Bankinter funeral expenses form

TO CLOSE THE ACCOUNT(S) AND PAY THE BALANCE (IF THE NET VALUE OF THE MONEY HELD IN BANKINTER IS WORTH UP TO €20,000 AT DATE OF DEATH)

- A certified copy of the death certificate / proof of death
- A certified copy of the will naming the executors (if there was a will)
- A certified copy of proof of your identity and address
- A completed Bankinter form you use to release money from the account of a deceased person where the net value of the money held in Bankinter is worth up to €20,000 at date of death

TO CLOSE THE ACCOUNT(S) AND PAY THE BALANCE (IF THE NET VALUE OF THE MONEY HELD IN BANKINTER IS WORTH MORE THAN €20,000 AT DATE OF DEATH)

- A certified copy of the death certificate / proof of death
- A certified copy of the will naming the executors (if there was a will)
- A certified copy of proof of your identity and address
- A certified copy of the Grant of Probate or Grant of Administration extracted in the Republic of Ireland, where the net value of the money held in Bankinter is worth more than €20,000 at date of death
- A completed Bankinter payment authorisation form for executors/administrators

7. RELEASE OF ACCOUNT INFORMATION

Please specify the account information you require.

Document	Tick Here	Why you may need it
Certificates of balance	<input type="checkbox"/>	To show the account balance(s) on the date of death
Statement from date of death	<input type="checkbox"/>	To show activity on the account since the date of death where required for Revenue or Social Welfare (please provide request)
Certificates of interest	<input type="checkbox"/>	Where year end accounts are required for Revenue (please provide request)

*Notifying Person's Signature:

*Date: //
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