Bereavement Form



Thank you for taking the time to contact us. Please accept our sincere condolences for your loss. So we can make the changes needed, please complete this form and email back to **bereavement@uw.co.uk** *Required fields

Existing UW details								
Account number								
1st named person's details			Title*					
First name*			Surname*					
Contact number*			Email address	*				
2nd named person's details			Title					
First name			Surname					
Contact number			Email address	;				
Details of the deceased								
Full name*			Date of Death	*				
Property details								
House name / number*			Postcode*					
Street name*								
Town			County					
What is the current status of the property?*			Owned		Rented			
	Only com	plete if _l	property is own	ned				
Post Probate - What is the expected property status?*	Sold		Rented		Remain vacant			
Expected dates of completion/start date of tenancy/vacant period dates								
Details of new responsible person or party			Title					
First name			Surname					
Contact number*			Email address	;				
Only complete if property is rented								
Post Probate - Who will be responsible for the property?*		ousing ssociatio		te landlord tting agency	Other named person on the account			
Details of new responsible p	person or party	Title*						
First name [*]	Surname		ne*					
Business name (if applicable)								
House name / number*		Postco	de*					
Street name*								
Town		County	1					
Contact number		Email a	address					

Energy supply details for the property							
Date of Electricity reading*		Electricity Meter Serial Number (MSN)					
Electricity Meter Point Admin Number (MPAN)							
Electricity meter re	ading*						
Read 1	Read 2		Read 3	Read 4			
Date of Gas reading	5*		Gas Meter Serial Number (MSN)				
Gas Meter Point Re	f Number (MPRN)						
Gas meter reading*							
Does the property h	nave an active Feed In	Tariff?*	Yes	No			
Comments							
Telephony Servi	ices at the propert	ty					
Home Phone only*							
Кеер	Cancel	Transfer to a	another account	Not applicable			
Comments							
Home Phone and Broadband*							
Кеер	Cancel	Transfer to another account		Not applicable			
Comments							
Mobile*							
Кеер	Cancel	Transfer to a	another account	Not applicable			
Comments							
Financial Servic	es						
Any financial services (listed below) under the name of the deceased will be cancelled once we are notified of a bereavement. There may be some scenarios where we may need to speak to you before a cancellation, we'll be in touch where required so please ensure we have your correct contact details.							
Cashback Card	Bill Protec	ctor	Home Insurance	Boiler Cover			
Comments							
Notifier's details							
Contact details			Title*				
First name*		Surname*					
Contact number*			Email address				
Relationship to the deceased*							

Additional information							
To help us complete the necessary updates to the account, we would also require the following to be attached with this form and emailed to us. Please select what documents are being attached.							
Death Certificate*	Letter of authority	Will or Grant of probate	Picture of the meter reads				
Please list any other documents being attached here							
Declaration							
I'm authorised to make changes to this account and the information provided is true and accurate. UW reserves the right to amend its records where additional information has been obtained regarding this account.							
Full name of person comple	eting form*						
Signature*							

Date completed*