

Specialist services
for professionals



**INHERITANCE
TAX FUNDING
APPLICATION FORM**

 **BANK OF SCOTLAND**

www.bankofscotlandbusiness.co.uk/professionals

IMPORTANCE NOTICE

Please read carefully

We recommend you consult your Solicitor or other independent legal advisor before signing this Application. If we accept this Application we will issue you with a Regulated Loan Agreement which is to be entered into further to this Application. Details of the terms on which we will make funding available to you will be specified in the Agreement should this Application be approved. If there is more than one of you, each of you is responsible for the Loan and obeying the Terms and Conditions of the Loan Agreement. Each of you should be aware of the action we will take in certain circumstances. Your Solicitor or other independent legal adviser should explain your rights and obligations under the Loan Agreement. You should ask your Solicitor or other independent legal adviser to explain anything you do not understand.

Account Notes

The minimum age for opening or operating an account is 18. Applications for Inheritance Tax Funding Loans are acceptable only from Personal Representatives. It is not available to businesses, associations, clubs or other non-profit making organisations. In common with other banks and building societies, we observe detailed account opening procedures laid down by the British Bankers' Association, in co-operation with the Financial Services Authority. When you open an Account, we may ask for additional information to confirm your identity. Bank of Scotland, in common with other financial services providers, has account opening procedures which reflect current legal and regulatory requirements (and best practice industry guidance) aimed at preventing money laundering and terrorist financing. In the event that these requirements are not satisfied but, nevertheless, money is paid into your account, Bank of Scotland may suspend operations on the Account until identity is established. This is for your protection as well as ours, and is not intended to cause you inconvenience. Verification of individual identity of Authorised Signatories or Nominated Users is required. Details of home addresses, supplied within this Application, will be used to complete an electronic identification search.

SECTION 1 – The Bank's Address

Bank of Scotland Business Banking

Professionals' Account Office, 7th Floor, Bishopsgate Exchange, 155 Bishopsgate, London, EC2M 3YB. Telephone 0844 892 0446

SECTION 2 – The Estate

Full Name of the Deceased

Place and Date of Death

Value of Liquid Estate*

* This is the value of the portion of the Estate which you would not be entitled to pay instalments of inheritance tax in relation to.

Note: Please ensure that a schedule of assets is attached.

SECTION 3 – Inheritance Tax Funding Loan Limit

Give the maximum amount of the Inheritance Tax Funding you require:

Amount in Figures

Amount in Words

SECTION 4 – The Arrangement Fee

The Arrangement Fee is 1% of amount borrowed, with a minimum of £125 (e.g. if the Inheritance Tax Funding Loan is £180,000 the arrangement fee is £1,800).

Amount in Figures

Amount in Words

This is your calculation of the Arrangement Fee. Please note that we shall calculate the Arrangement Fee on the basis of the formula set out above and we will insert the actual Arrangement Fee payable in the Loan Agreement. Except where an obvious error has occurred our calculation of the Arrangement Fee in the Loan Agreement will be final.

SECTION 5 – Personal Representatives and Beneficiaries

Are the Personal Representatives Executors or Administrators (please tick the relevant box) Executor Administrators

Please give the following information for all the Estate's Personal Representatives.

If any Personal Representative is not an individual please give its full name, the company registration number instead of date of birth and Registered Office address instead of home address and ignore the nationality question.

First Representative

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Second Representative

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Third Representative

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Fourth Representative

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Fifth Representative

Full Name	
Date of Birth	/ /
Current Permanent Address	
	Postcode
Previous Permanent Address (if at current address less than 3 years)	
	Postcode
Nationality	
Country of Residence	
Occupation	

Sixth Representative

Full Name	
Date of Birth	/ /
Current Permanent Address	
	Postcode
Previous Permanent Address (if at current address less than 3 years)	
	Postcode
Nationality	
Country of Residence	
Occupation	

Seventh Representative

Full Name	
Date of Birth	/ /
Current Permanent Address	
	Postcode
Previous Permanent Address (if at current address less than 3 years)	
	Postcode
Nationality	
Country of Residence	
Occupation	

Eighth Representative

Full Name	
Date of Birth	/ /
Current Permanent Address	
	Postcode
Previous Permanent Address (if at current address less than 3 years)	
	Postcode
Nationality	
Country of Residence	
Occupation	

Please give the following information for all beneficiaries. Continue on separate pre-printed sheet if necessary.

Please note the number of sheet(s) attached here

First Beneficiary

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Second Beneficiary

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Third Beneficiary

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

Fourth Beneficiary

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Current Permanent Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Previous Permanent Address (if at current address less than 3 years)	<input type="text"/>
	<input type="text" value="Postcode"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Occupation	<input type="text"/>

SECTION 6 – Solicitors

Please give the following information about the Solicitors dealing with the winding up of the Estate.

Full Name of Individual Contact	<input type="text"/>
Individual Contact's Email Address	<input type="text"/>
Name of Firm of Solicitors	<input type="text"/>
Address of Firm of Solicitors	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Firm's Telephone Number	<input type="text"/>
Facsimile Numbers	<input type="text"/>
Firm's DX Number and Town	<input type="text"/>

SECTION 7 – Declaration and Application

By signing this Application you (a) confirm you are over 18 (b) apply to us for an Inheritance Tax Funding Loan (c) confirm you are all of the Estate's Personal Representatives and each of you shall be authorised to sign all appropriate documentation in respect of the Inheritance Tax Funding Loan (d) understand that before funds are released to you, you must first agree to enter into an Agreement regulated by the Consumer Credit Act 1974 (e) confirm the information in this application is true and correct and (f) acknowledge we do not have to accept this Application.

All Personal Representatives must sign and have their signatures witnessed. **The first Personal Representative should sign in the section marked "First Representative", the second in the section marked "Second Representative" and so on.** If any Personal Representative is not an individual please have the application signed by a director or other authorised signatory.

First Representative

Signature	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>
Witness Name (print in block capitals)	<input type="text"/>		
Witness Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Second Representative

Signature	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>
Witness Name (print in block capitals)	<input type="text"/>		
Witness Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Third Representative

Signature	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>
Witness Name (print in block capitals)	<input type="text"/>		
Witness Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

SECTION 7 – Declaration and Application Continued

Fourth Representative

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>	
Witness Name <small>(print in block capitals)</small>	<input type="text"/>			
Witness Address	<input type="text"/>			
	<input type="text" value="Postcode"/>			

Fifth Representative

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>	
Witness Name <small>(print in block capitals)</small>	<input type="text"/>			
Witness Address	<input type="text"/>			
	<input type="text" value="Postcode"/>			

Sixth Representative

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>	
Witness Name <small>(print in block capitals)</small>	<input type="text"/>			
Witness Address	<input type="text"/>			
	<input type="text" value="Postcode"/>			

Seventh Representative

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>	
Witness Name <small>(print in block capitals)</small>	<input type="text"/>			
Witness Address	<input type="text"/>			
	<input type="text" value="Postcode"/>			

Eighth Representative

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness Signature	<input type="text"/>	Witness Occupation	<input type="text"/>	
Witness Name <small>(print in block capitals)</small>	<input type="text"/>			
Witness Address	<input type="text"/>			
	<input type="text" value="Postcode"/>			

For Bank use only

Accepted for and behalf of Bank of Scotland plc.

Signed

Date