**Estate Indemnity form to request a refund for a deceased former tenant**

This form is for requesting a refund for credit on a former tenant account.

Please complete and sign this form and return by post to:

**Income Collections & Recovery Compliance Team, Orbit, PO Box 6406, Coventry, CV3 9NB**

**Or via email to:** **IncomeCRCompliance@orbit.org.uk**

|  |  |
| --- | --- |
| **Address of former tenancy** |  |
| **Name of former tenant(s)** |  |
| **Former tenant(s) reference** |  |

**I / we confirm that the credit on this account should be refunded and made payable to:**

**By bank transfer (BACS)**

|  |  |
| --- | --- |
| **Name of bank** |  |
| **Account holder(s) name(s)** |  |
| **Bank account number** |  |  |  |  |  |  |  |  |
| **Sort code** |  |  |  |  |  |  |  |  |
| **Building society roll number** |  |  |  |  |  |  |  |  |  |  |

**Please tick the appropriate box:**

[ ]  I / we confirm that there was no will and letters of administration have not been sought by me / us or any other claimants. I / we will be fully responsible for resolving any challenge made by any other party or parties in respect of the payment made by Orbit.

[ ]  I am / we are claiming the credit on the above account in my / our capacity as next of kin and the main beneficiary of the estate and understand that I / we will be fully responsible for resolving any challenge made by any other party or parties in respect of the payment made by Orbit.

[ ]  I / we confirm that the payee is the Executor of the estate and I / we **enclose a copy of probate** for your information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of Kin/Executor of Estate signature**  |  | **Print Name** |  |
| **NOK/EOE joint tenant signature** |  | **Print Name** |  |
| **Contact phone number** |  | **Email** |  |
| **Date** |  |  |