

Will Trace Application Form

Your reference	Name	Company
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Town	County	
<input type="text"/>	<input type="text"/>	
Postcode	DX address if preferred	
<input type="text"/>	<input type="text"/>	
Tel	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that the cost of this service is £300 (+ disbursements of approximately £300) + VAT and I agree with the terms and conditions set out by Kin available upon request or at www.kin.co.uk

Signed: Date: / /

SEARCH DETAILS

Have you already spoken to us regarding this case?

Yes No

Surname at death	Forename(s)	
<input type="text"/>	<input type="text"/>	
Marital status	Maiden name (if applicable)	
<input type="text"/>	<input type="text"/>	
Previous forenames, surnames or aliases		
<input type="text"/>		
Date of death (DD MM YYYY)	Date of birth or age at death	Place of death
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Last known address 1		
<input type="text"/>		
<input type="text"/>		
Last known address 2 - please use final sheet for more addresses if necessary		
<input type="text"/>		
Approximate value of the Estate		
<input type="text"/>		

Please provide details of any steps you have taken so far to find lost or unknown assets belonging to the deceased:

Please provide the following details for up to 3 previous employers (if known), using the final sheet if necessary:

Registered name of employer	
<input type="text"/>	
Did the employer trade under a different name?	If yes, please provide details:
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Did the employer change name?	If yes, please provide details:
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Did the employer change address?	If yes, please provide details:
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

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Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>