



**SUPREME COURT**  
**(PROBATE JURISDICTION)**  
**FALKLAND ISLANDS**

**PR1A**

**PETITION FOR A GRANT OF REPRESENTATION**

**WITHOUT A WILL**

<i>For court office use:</i>	
<b>Case Reference:</b>	<b>PRO/</b>
<b>Date Filed:</b>	
<b>Date Advert in Paper:</b>	
<b>Date Advert published in Gazette:</b>	

**CHECKLIST**

Before filing your Petition with the court, please ensure you have included the following documents where applicable.

**For all Petitions:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A certificate of death as issued by the Registry (or Interim Certificate of the Fact of Death if applicable) |
| <input type="checkbox"/> | A copy of photographic identification for each person applying to the court for the Grant                    |

**Other documents:**

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Form of Renunciation              |
| <input type="checkbox"/> | Power of Attorney                 |
| <input type="checkbox"/> | Medical Certificates              |
| <input type="checkbox"/> | Copy of Court of Protection Order |
| <input type="checkbox"/> |                                   |
| <input type="checkbox"/> |                                   |
| <input type="checkbox"/> |                                   |

**PART 1: ABOUT YOU (THE PETITIONER(S))**

Note 1

**1.1.1 About the first Petitioner**

Title	
Surname	
First & Middle Names:	
Address	
Telephone Number	
Email Address	
Preferred method of contact:	

All petitioners must be aged 18 or over and a maximum of 4 may apply.

Only list petitioners who wish to be named on the grant in this section and they will be required to attend a commissioner of oaths to swear this petition.

Please note that the names you provide here must match the names provided on your formal ID, e.g. passport or driving licence.

Where there are persons under the age of 18 benefitting from the estate, then two application will need to apply.

**1.1.2 Please state your relationship to the person who has died:**

**1.2.1 About the second Petitioner**

Title	
Surname	
First & Middle Names:	
Address	
Telephone Number	
Email Address	
Preferred method of contact:	

Please see the guidance note 'Who can apply and how do I apply?' for further information about entitled persons.

**1.2.2 Please state your relationship to the person who has died:**

**1.3.1 About the third Petitioner**

Title	
Surname	
First & Middle Names:	
Address	
Telephone Number	
Email Address	
Preferred method of contact:	

1.3.2 Please state your relationship to the person who has died:

1.4.1 About the fourth Petitioner

Title	
Surname	
First & Middle Names:	
Address	
Telephone Number	
Email Address	
Preferred method of contact:	

1.4.2 Please state your relationship to the person who has died:

**PART 2: ABOUT THE PERSON WHO HAS DIED (THE TESTATOR)**

2.1 Personal Details

Surname:		<p>Note 2.1 The information here should be taken from the certificate of death where appropriate.</p>
First & Middle Names:		
Date of birth:		
Date of death:		
Residential Address:		

2.2 What was the marital status of the person when they died?

Never married

Widowed, their lawful spouse or civil partner having died before them

Married/in a civil partnership - give date

Divorced/civil partnership is dissolved - give date

Judicially separated - give date

2.3 Was the person who has died or any of their relatives legally adopted in or out of the family?

Yes, go to 2.4

No, go to 2.5

2.4 Please name the legally adopted relatives and give their relationship to the person who has died. Please state whether they were adopted into the family of the person who has died, or ‘adopted out’ (become part of someone else’s family).

Name	Relationship	Adopted in or out

2.5 Did the person who died live permanently in the Falkland Islands at the date of death, or intend to return to the Falkland Islands to live permanently?

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

Note 2.5

Living permanently means they had either their permanent or principle home in the Falkland Islands at the date of death or they intended to return to the Falkland Islands to live permanently.

2.6 Did the person who has died own any foreign assets?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, please provide estimation of the value of the their foreign assets

2.7 Was the person who has died known by any other name in which they held assets?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, give details of any other names by which the person who has died held assets.

Note 2.7

These names must be ones that will appear on the grant because an asset is in that name. We do not need to know the asset.

**PART 3: RELATIVES OF THE PERSON WHO HAS DIED**

3.1 Did the person who has died leave a surviving lawful spouse or civil partner?

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

Note 3.1

'survive' means that they were alive when the deceased person died.

3.2 How many of the following blood and adoptive relatives did the person who has died have?

	Under 18 years	Over 18 years
a How many sons or daughters of the person who died survived them?		
b How many sons or daughters of the person who has died who did not survive them?		
c How many children of the people at 3.2b who survived them?		

Note 3.2

Please state the **number** of relatives the person who has died had in the relevant sections. If none then put 'nil' or strike through. If you are unsure about the relationships of the persons applying then please contact the court office.

Please confirm that **if any of the petitioners are grandchildren** of the deceased (3.2c) that their parent is one of the persons referred to at 3.2b. If they not, they are not able to apply for a Grant.

Yes

3.3 How many of the following blood and adoptive relatives did the person who has died have?

	Under 18 years	Over 18 years
d How many of the parents of the person who has died survived them?		
e How many whole-blood brothers or sisters of the person who has died survived them?		
f How many whole-blood brothers or sisters of the person who has died did not survive them?		
g How many children of people at section 3.3f survived them?		
h How many half-blood brothers or sisters of the person who has died survived them?		
i How many half-blood brothers or sisters of the person who has died did not survived them?		
j How many children of people at section 3.3i survived them?		

Note 3.3

Once you have entered a number in one of the block sections (e.g. d to j) you should go to question 3.5.

Step-relatives should not be included.

A '**whole-blood**' brother or sister is someone who has both parents in common with the person who has died, or someone who was legally adopted by both of the parents of the person who has died.

A '**half-blood**' brother or sister is someone who has only one parent in common with the person who has died, or someone who was legally adopted by only one of the parents of the person who has died.

Please confirm that **if any of the petitioners are nephews or nieces** of the whole or half blood of the deceased (3.2g and 3.3j) that their parent is one of the persons referred to at 3.3f or 3.3i. If they not, they are not able to apply for a Grant.

Yes

Note 3.4

This section should only be completed if no relatives have been entered into section 3.3. Please state the number of relatives the person who has died had in the relevant sections. If none then put 'nil' or strike through.

Step-relatives and people who were related to the person who has died only by marriage should not be included.

A 'whole-blood' uncle or aunt is someone who has both parents in common with the mother or father of the person who has died, or someone who was legally adopted by the maternal or paternal grandparents of the person who has died.

A 'half-blood' uncle or aunt is someone who has only one parent in common with the mother or father of the person who has died or someone who was legally adopted by only one of the grandparents of the person who has died.

3.4 How many of the following blood and adoptive relatives did the person who has died have?

	Under 18 years	Over 18 years
k How many grandparents of the person who has died survived them?		
l How many whole-blood uncles or aunts of the person who has died survived them?		
m How many whole-blood uncles or aunts of the person who has died did not survive them?		
n How many children of people at 3.4m who survived them?		
o How many half-blood uncles or aunts of the person who has died survived them?		
p How many half-blood uncles or aunts of the person who has died did not survived them?		
q How many children of people at 3.4p survived them?		

Please confirm that **if any of the petitioners are cousins** of the whole or half-blood of the deceased (questions 3.4n and 3.4q) and that their parent is one of the persons referred to at 3.4m or 3.4p. If they are not then they are not able to apply.

Yes

**PART 4: APPLYING AS AN ATTORNEY**

Note Part 4

4.1 Are you applying as an attorney on behalf of one or more people who are entitled to apply for a Grant of Representation? **Please read Note Part 4 before proceeding.**

If you are applying on behalf of more than one person, please provide the information requested in this section for the other people you represent on a separate sheet of paper.

Yes, please go to question 4.2

No, please go to section 5.

You will need to complete and file a signed Form PR3 with this petition.

4.2 Please give the full name(s) of the person or people on whose behalf you are applying and their relationship to the person who has died.

You will need to bring the signed attorney form to us with this application.

4.3 Please give their address(es)

Where there are persons aged under 18 benefiting from the estate then at least two applicants will be needed in Part 1. See 'Who can apply and how do I apply' for more information about who is eligible to apply.

4.4 Is the person on whose behalf you are applying unable to make a decision for themselves due to an impairment of or a disturbance in the functioning of their mind or brain?

Yes, please provide a medical certificate in support of this petition.

No

Note 4.4 & 4.6

If you do not already have medical evidence from a qualified practitioner or are using a registered LPA a short form of medical evidence will be required - see Form PR4

4.5 Has anyone been appointed by the Court of Protection to act on behalf of a person on whose behalf you are applying including the right for grant of a representation?

Yes, please provide an official copy of the court order with your application

No

4.6 Has a person on whose behalf you are applying appointed an attorney under an Enduring Power of Attorney (EPA) or a Property and Financial Affairs Lasting Power of Attorney (LPA)?

Yes, please provide the original EPA/LPA (or a certified copy) with your petition.

No

4.7 Has the Enduring Power of Attorney (EPA) been registered?

Yes

No

**PART 5: FOREIGN DOMICILE**

5.1 Are you petitioning for a reseal?

<input type="checkbox"/>	No - you do not need to complete this section.
<input type="checkbox"/>	Yes

5.2 What was the country where the person who died either lived permanently at the date of death or intended to return to live permanently?

5.3 Has an entrusting document been issued by the court where the person who has died was domiciled?

<input type="checkbox"/>	Yes, please provide the official document with your application; if it is not in English, please also provide an official translation .
<input type="checkbox"/>	No

Note 5.3 and 5.4

These documents may help to support your application. If you do not have any of these documents, you may wish to seek legal advice.

5.4 Has a succession certificate, inheritance certificate or equivalent document been issued by a court or Notary in the country of domicile of the person who has died?

<input type="checkbox"/>	Yes, please provide the official document with your application; if it is not in English, please also provide an official translation.
<input type="checkbox"/>	No

Please now make an appointment with Registrar of the Supreme Court and check you have all the necessary documents to support your petition. All of the petitioners named in Part 1 will need to attend this appointment.

**Do not complete the final page of this petition until you are at your appointment with the Registrar.**

Contact details:

Email: enquiries@courts.gov.fk

Telephone: (+500) 27271

Address: Town Hall, Ross Road, Stanley, Falkland Islands, FIQQ 1ZZ.

<u>Appointment details</u>	
Date:	
Time:	

**PART 6: ENTITLEMENT TO APPLY**

**How are the petitioners entitled to apply.**  
 In what capacity are you entitled to apply?

	I am the wife or husband or civil partner of the person who has died.
	I am/We are the child/children of the person who has died.
	I am/We are the grandchild/grandchildren of the person who has died, being the son or daughter of a child who died in the lifetime of the person who has died.
	I am/We are the parent/parents of the person who has died.
	I am/We are the brother(s) and/or sister(s) of the whole/half blood of the person who has died.
	I am/We are the niece/nephew(s) of the whole/half blood of the person who has died, being the son or daughter of a brother or sister of the person who has died in their lifetime.
	Other <i>(please state in the box below your reason for applying)</i>

	I confirm that each category of person described above my checked box has been informed of my intention to make this application and has consented to me making this application.
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**Note for Confirmation**

For example, if the applicant is sibling of the deceased person, you must have informed and received the consent of the spouse of the deceased, the children of the deceased, the children of a dead child of the current deceased, and any surviving parent (including adoptive parent, but not step parent) of the deceased. You must have also informed and received the consent of all the other siblings of the deceased.

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**PART 7: PRAYER & OATH**

The petitioner(s) therefore pray(s) that Letters of Administration be granted to [him] [her] [them];

And in support [I] [we] [swear] [affirm] that:

1. The particulars set out in this petition are true; and
2. If Letters of Administration [is] [are] granted to [me] [us], [I] [we] will well and faithfully administer the estate of the deceased according to law and render to the Supreme Court;
  - i. A true and complete inventory of the estate within 6 months of the date of the Grant thereof; and
  - ii. A true and just account of the estate within 1 year of the Grant thereof.

Further, to the best of [my] [our] knowledge information and belief the net value of the estate of the deceased [exceeds £5,000] [does not exceed £5,000] and [I] [we] undertake to pay the prescribed fee if the net value of the estate is found to exceed £5,000.

Signed by

Petitioner 1:	Date:
Petitioner 2:	Date:
Petitioner 3:	Date:
Petitioner 4:	Date:

[Sworn] [Affirmed] at:

Before me:

*Commissioner for Oaths*

Dated:

<i>For office use: Fee paid?</i>	
<input type="checkbox"/>	Yes - receipt number:
<input type="checkbox"/>	No