



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

PR8

APPLICATION FOR A RESEAL OF GRANT OF REPRESENTATION

Section 22 Administration of Estates Ordinance 1949

<i>For court office use:</i>	
Case Reference:	PRO/
Date Filed:	
Date Resealed:	

CHECKLIST

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

<u>For all applications:</u>	
	An original copy of the grant of representation or certified/notarised copy of the grant of representation
	A copy of photographic identification for each person applying to the court for the Grant
<u>Other documents:</u>	
	Certified/notarised copy of the will and any codicils
	Power of Attorney

PART 1: ABOUT YOU (THE APPLICANT(S))

1.1.1 About the first Applicant

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

Note 1
Please note that the names you provide here must match the names provided on your formal ID, e.g. passport or driving licence.

1.1.2 I am

<input type="checkbox"/>	A named personal representative on the grant of representation from another jurisdiction
<input type="checkbox"/>	The holder of a power of attorney for the personal representative(s) named on the grant of representation
<input type="checkbox"/>	The agent of the personal representative named on the grant of representation

1.1.3 I am applying for

<input type="checkbox"/>	The resale of a full grant of representation
<input type="checkbox"/>	The resale of a limited grant of representation

Note 2
'Grant of Representation' means a grant of probate or a grant of letters of administration.
'Personal Representative' means the person, or people, named on the grant of representation

1.2.1 About the second Applicant

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

1.2.2 I am

<input type="checkbox"/>	A named personal representative on the grant of representation from another jurisdiction
<input type="checkbox"/>	The holder of a power of attorney for the personal representative(s) named on the grant of representation
<input type="checkbox"/>	The agent of the personal representative named on the grant of representation

1.2.3 I am applying for

<input type="checkbox"/>	The resale of a full grant of representation
<input type="checkbox"/>	The resale of a limited grant of representation

PART 2: ABOUT THE PERSON WHO HAS DIED

2.1 Personal Details

Surname:		Note 2.1 The information here should be taken from the certificate of death where appropriate.
First & Middle Names:		
Date of birth:		
Date of death:		
Residential Address:		
Country where original Grant of Representation given:		

PART 3: STATEMENT

[I] [we] confirm that:

1. The particulars set out in this application are true; and
2. The paper submitted with this application is an [original] [certified true copy] [notarised copy] of the Grant of Representation [and a certified copy of the last will and testament [and codicil(s)]]; and
3. If the Grant of Representation is Resealed, [I] [we] will well and faithfully administer the estate of the deceased according to law of the Falkland Islands 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 in the Falkland Islands [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

Applicant 1:

Date:

Applicant 2:

Date:

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