



**Home Affairs Department**  
Estate Beneficiaries Support Unit  
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**PROBATE AND ADMINISTRATION ORDINANCE  
(CHAPTER 10)**

**Form HAEU1**

**Application for Release of Money for Funeral Expenses  
from a Deceased Person's Bank Accounts**

**Please read the following instructions carefully before you fill in the form.**

1. An application for the Certificate for Necessity of Release of Money must be made before payment to the funeral service supplier. An application for reimbursement of the funeral expenses will not be entertained.
2. The applicant should be the next of kin of the deceased person, unless there is none available.
3. When submitting the application, the applicant must enclose a copy each of the following documents:-
  - (a) the identity card/passport of the deceased person;
  - (b) the death/burial certificate of the deceased person;
  - (c) the identity card/passport of the applicant;
  - (d) the last will of the deceased person, if the applicant is in the capacity of the executor;
  - (e) any document evidencing the relationship between the deceased person and the applicant, such as marriage or birth certificate, if the applicant is not the executor of the deceased person;
  - (f) the invoice/quotation of the funeral expenses from a bona fide funeral service supplier; and
  - (g) the bank confirmation/statement/passbook showing the current balance of the account held in the sole name of the deceased person.

The original copy of the death/burial certificate and invoice/quotation must be submitted for verification. The applicant may be required to submit the original copy of other documents for verification, if deemed necessary.

4. The maximum amount of money that could be released depends on the applicant's relationship with the deceased person.

Relationship	Maximum amount that could be released
Surviving spouse/child/parent	\$20,000 or 1/2 of the gross value of the estate, whichever is the lower.

Other close relatives	\$10,000 or 1/3 of the gross value of the estate, whichever is the lower.
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5. We reserve the right to call for additional supporting documents in relation to the application.
6. If the application is approved, the bank will be authorized to issue a cashier order, made payable to the funeral service supplier.

**Any fraudulent application is liable to prosecution**

### Part 1 The deceased person

(1) Name	
(2) HK Identity Card/Passport* number	
(3) Date of death	
(4) Age	
(5) Place of death	
(6) Last address	
(7) Occupation	
(8) Marital status	Single/Married/Divorced/Widowed*

### Part 2 The applicant

(1) Name	
(2) HK Identity Card/Passport* number	
(3) Telephone no.	
(4) Address	
(5) Relationship with the deceased person	
(6) If you are not the surviving spouse, child and parent of the deceased person, have you obtained their consent in making this application?	Yes/No*

### Part 3 Close relatives of the deceased person

(1) Name of surviving spouse (if any) and telephone number:- \_\_\_\_\_

(2) Names of surviving children:-

Name	Age	Relationship with the deceased person

(3) Names of surviving parents:-

Name	Age	Relationship with the deceased person

(4) Name of surviving brothers or sisters, if you are not the surviving spouse, child or parent of the deceased person:-

Name	Relationship with the deceased person

#### Part 4 Funeral expenses of the deceased person

(1) Name and address of the funeral service supplier	
(2) Invoice amount/quotation	
(3) Amount requested to be released	

#### Part 5 The estate

(1) Assets left by the deceased person

Nature of assets	Tick if any	Nature of assets	Tick if any	Nature of assets	Tick if any
Landed property		Quoted shares		Debt receivables	
Bank accounts		Funds/unit trusts		Jewels	
Business		Unquoted shares		Motor vehicles	

(2) Net value of the estate: \_\_\_\_\_

#### Part 6 The bank accounts (held in the deceased person's sole name) from which payment is to be made

	Account	Account
(1) Name of bank		
(2) Account number		
(3) Current balance		

**Declaration**

**I declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.**

Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

\* Delete where inappropriate.