



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

**Form HAEU3**

**Application for Inspection of a Deceased Person's Bank Deposit Box**

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

1. The applicant for a Certificate for Necessity of Inspection of Bank Deposit Box must be:-
  - (a) the executor or any one of the executors named in the last will of the deceased person;
  - (b) a person who is entitled in priority to administer the estate; or
  - (c) the surviving renter of a jointly rented safe deposit box.
  
2. 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 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 letter of renunciation duly executed by the person entitled in a higher priority to administer the estate, if applicable;
  - (g) the death certificate of the person entitled in a higher priority to administer the estate, if applicable;
  - (h) the authorization letter from the executor or the person entitled in a higher priority to administer the estate (signed in the presence of another next of kin, if the authorization is not prepared by a legal firm), if applicable;
  - (i) any document evidencing the relationship between the person named under (f) or (g) or (h) and the deceased person, if applicable; and
  - (j) any document evidencing the existence of the safe deposit box, e.g. the lease agreement of the box.

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

3. If the box is rented in joint names, the executor/intending administrator<sup>1</sup> and all surviving renters will be required to be present at the inspection of the safe deposit box unless specific approval has been sought and given.
4. If the applicant applies in the capacity of the surviving joint renter or one of the surviving joint renters, and the deceased person did not leave a will, the applicant should complete a supplementary sheet (Form HAEU3-SS).
5. We reserve the right to call for additional supporting documents in relation to the application.

**Any fraudulent application is liable to prosecution**

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<sup>1</sup> The intending administrator is the person who is entitled in priority to administer the estate and intends to apply for a grant.

**Part 1 The safe deposit box**

(1) Name of bank		Branch:	
(2) Address			
(3) Box number			
(4) Type of box	Solely rented/Jointly rented*		
(5) In whose name(s) the box was held			
(6) If it was a jointly rented box, does the lease agreement provide for survivorship arrangement <sup>2</sup> ?			Yes/No*

**Part 2 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*		
(9) Did the deceased person leave a will?	Yes – Go to Part 3 No – Go to Part 4		

**Part 3 The executors – if the deceased person left a will**

(1) Date of last will made by the deceased person			
(2) Names of executors			

<sup>2</sup> A “jointly rented safe deposit box with survivorship arrangement” means a jointly rented safe deposit box kept pursuant to an agreement under the terms of which the access to the contents of the box of any of the renters of the box is not affected by the death of any other renter of the box.

**Part 4 The applicant**

(1) Name		
(2) HK Identity Card/Passport* number		
(3) Telephone no.		
(4) Address		
(5) Relationship with the deceased person		
(6) Capacity in which you apply for the certificate for inspection	<p>Executor or one of the executors</p> <p>- Go to Part 6 for jointly rented box</p> <p>- Go to Part 7 for sole-name box</p> <p>Intending administrator – Go to Part 5</p> <p>Surviving renter – Go to Part 6</p>	

**Part 5 Close relatives of the deceased person**

(1) Name of surviving spouse (if any): \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) Telephone number: \_\_\_\_\_

(4) Names of surviving children:-

Name	Age	Relationship with the deceased person

(5) Names of surviving parents, if the deceased person had no children:-

Name	Age	Relationship with the deceased person

- (6) Names of surviving brothers and sisters if the deceased person had no surviving spouse, children and parents:-

Name	Age	Relationship with the deceased person

- (7) If you are not the person entitled in first priority to administer the estate, please state the reason why persons in a higher priority do not intend to apply for a grant of letters of administration:-

- A: Death (Please state the date of death)  
 B: Refuse to act  
 C: Cannot be located  
 D: Incapacity (Please elaborate)  
 E: Other (Please specify)

Name of person in a higher priority to administer the estate	Entitlement/Relationship	Reason for not acting [Please refer to A to E above]

**Part 6 The surviving joint renter – for jointly rented safe deposit box**

	Surviving renter	Surviving renter
(1) Name		
(2) Address		
(3) Relationship with the deceased person		
(4) Telephone number		

**Part 7 Unauthorized opening of safe deposit box**

Have you opened the safe deposit box since the death of the deceased person without obtaining a Certificate for Necessity of Inspection of Bank Deposit Box?

- Yes -- Prepare a statutory declaration explaining the purpose of opening the safe deposit box and specifying the document and article removed from the box.
- No

**Part 8 Key of the safe deposit box**

Are you in possession of the key? Yes/No\*

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**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.