

Fin One Pty Ltd

**ABN:** 80 139 719 903 - **Australian Credit Licence:** 387 528

**Phone:** 1800 346 663 - **Fax:** (07) 4723 5466

Postal Address: PO Box 339, Hyde Park Castletown Qld 4812

## **Deceased Customer Notification**

Details of deceased customer	
Loan Number/s (if known)	
Full Name	
Date of Birth	
Contact Number	
Email Address	
Postal Address	
Details of person notifying Finance One	
Full Name	
Relationship to customer	☐ Next of kin ☐ Executor ☐ Other (please specify):
Contact Number	
Email Address	
Postal Address	
Details of Executor/Administra	ator *
I am the Executor/Administrator and have provided my details above	
There is no Executor/Administrator	
☐ I am not the Executor/Administrator but have provided their details below	
Full Name	animistrator but have provided their details below
Date of Birth (if applicable)	
Contact Number	
Email Address	
Postal Address	
* Please note that the Executor/Administrator will need to provide a certified copy of their drivers' licence, passport, 18+ card or birth certificate for identification purposes to satisfy Finance One's obligations pursuant to the <i>Anti-Money Laundering and Counter-Terrorism Financing Act 2006</i> (Cth).	
Documentation attached (select all that apply)	
☐ Certified copy of the death certificate ☐ Other evidence (please specify):	
☐ Certified copy of the Will	Certified copy of Letters of Administration
Certified copy of driver's licence / passport / 18+ card / birth certificate	