

**Carmarthenshire County Council**  
**For the Attention of :**

## **FORM OF INDEMNITY**

**MADE BY:** Family Members / Heirs and/or their legally appointed Power of Attorney / Legal Representative (the "Undersigned")

**IN RESPECT OF:**

ASSETS HELD BY CARMARTHENSHIRE COUNTY COUNCIL TO THE CREDIT OF:

(The Estate of) \_\_\_\_\_ (Deceased)

Formerly, of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased on: \_\_\_\_\_ 2018

At: \_\_\_\_\_, domiciled in England and Wales.  
(the "Deceased"),

**BY:** Carmarthenshire County Council as the Authority with whom monies and/or items and/or to the value of: £ \_\_\_\_\_ were lodged for safe keeping. These monies and/or items and/or constitute all sums in relation to the Deceased held by Carmarthenshire County Council.

I confirm that there is no Will and no Letters of Administration are being applied for and confirm that all other relatives of equal blood relationship to me or nearer have been contacted and are agreeable to my receipt of these monies and/or items and/or.

**I / We** the Undersigned, Family Member of the Deceased / Donee of Power of Attorney / Executor / duly authorised Legal Representative does sign to confirm that I have a lawful claim to the Monies and/or items and/or held by Carmarthenshire County Council and represent and warrant to be such.

The Undersigned hereby covenants and agrees that those to whom the monies and/or items and/or have been given by Carmarthenshire County Council will, from time to time and at all times hereafter, indemnify and keep indemnified Carmarthenshire County Council of, and from and against all actions, applications, claims, costs (including any legal costs) and demands which are now or may at any time or times hereafter be made, brought or claimed against Carmarthenshire County Council in respect of payment by Carmarthenshire County Council to the Undersigned of the monies and/or items and/or held by Carmarthenshire County Council and of and from any loss, charges and expenses which Carmarthenshire County Council may sustain or be put to in respect thereof.

**THIS FORM OF INDEMNITY** shall be binding on the Undersigned. This Form of Indemnity shall be unlimited as to amount or duration.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(Signature of Undersigned)

If Duly Authorised Representative - On behalf of:

\_\_\_\_\_  
\_\_\_\_\_

**WITNESSED BY:**

\_\_\_\_\_

Name of Witness (please print)

\_\_\_\_\_

Address of Witness (please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_