



DORMANT ACCOUNT CLAIM FORM

Form to reclaim funds in your own name or to make a claim on behalf of another party.

1 Full name(s)

Name _____

Name _____
(complete if joint account)

2 Current address

_____ post code: _____

3 Contact telephone number

4 Is the account you are enquiring about in your own name(s)

YES NO

If **yes** please fill in section **A**

If **no** please fill in section **B**

SECTION A

Please list any other names by which you have been known (e.g name before marriage)

Date of Birth ___/___/____ Date of Birth ___/___/____

What addresses have you lived at since the account opened? (use separate sheet if necessary)

Address _____

_____ from ___/___/___ to ___/___/___

Address _____

_____ from ___/___/___ to ___/___/___

SECTION B

What do you believe was the full name / title of the account?

Account name / title: _____

Date of Birth ___/___/_____

Date of Birth ___/___/_____

What addresses has/had the account holder lived at since the account was opened?

Address _____

from ___/___/___ to ___/___/___

Address _____

from ___/___/___ to ___/___/___

What is the connection between you and the account holder and on what basis are you making this claim?

Is the account holder still alive?

YES NO

If the account holder is deceased please state the date of death _____ and whether you have:

- death certificate probate
 copy of will lawyer's letter advising of the relevant will terms
 other proof of being legal heir
(please specify) _____

5 What are the Sort Code and Account Number

___ - ___ - ___ _____

don't know

6 On what date was the account last used? (estimate if necessary)

_____ don't know

Please indicate which of the following documents you have showing evidence of the account, by ticking the appropriate box:

pass-book bank statement letter from bank relating to a/c

cheque or debit card cheque book

ATM card other (please specify) _____

In the event of a valid claim please include bank account details to which the balance payment is to be made:

Branch Name & Address

Sort Code & Account Number

In requesting the balance of this account I accept closure of same and accept the payment made as being in full and final settlement. I also accept that Identification and Proof of Address will have to be provided by myself / the claimant.

Signature(s) _____

Date: _____

Dormant Claim Verification
BANK USE ONLY

Claim Verified by _____ Staff Number _____

Identity Verified by _____ Staff Number _____

Authorised Signatory _____ Signing Number _____