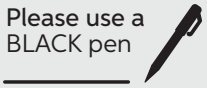
Allied Irish Bank (GB)
Dormant Account Claim Form

How to complete the form

1 Please use a BLACK pen



2 Mark boxes like this ■

If you make a mistake, do this ▩ and mark the correct box

3 Please use BLOCK CAPITAL LETTERS and leave one space between each word A 2

1. What is your full name?

Title (Mr, Mrs, Miss, Ms, other)

First Name

Surname

Other Names

2. What is your current address?

Postcode

3. Contact number

4. Is the account you are enquiring about in your own name?

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 may have been known (e.g. name before marriage)

Date of Birth Day / Month / Year

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

Address

Postcode

from Month / Year to Month / Year

Address

Postcode

from Month Year to Month Year

SECTION B

What do you believe was the full name on the account?

Surname

Other names

Date of Birth Day Month Year

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

Address

Postcode

from Month Year to Month Year

Address

Postcode

from Month Year to Month Year

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 Day Month Year and whether you have:

death certificate probate copy of will solicitor's letter advising of the relevant will terms

other proof of being legal (please specify)

5. Is/was the account a joint one?

Yes ☐ No ☐ Don't Know ☐

If yes please list any other names on the account

6. What is the Sort Code & Account Number?

Sort Code ☐☐☐☐☐☐ Account Number ☐☐☐☐☐☐ Don't Know ☐

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

Month Year

☐☐ / ☐☐ Don't Know ☐

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

passbook ☐ bank statement ☐ letter from bank relating to account ☐

cheque or credit/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:

Bank

Bank Address

Postcode

NSC ☐☐☐☐☐☐ 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.

Claimant's Signature

Date Day ☐☐ / Month ☐☐ / Year ☐☐

Dormant Claim Verification **BANK USE ONLY**

Claim Verified by

Staff Number ☐☐☐☐☐

Identify Verified by

Signature

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