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 ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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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 _____