



AIB (NI) DORMANT ACCOUNT CLAIM FORM

Form to reclaim funds in your own dormant account or to make a claim on another's dormant account.

1 What is your full name?

Title: _____

Surname: _____

Other names: _____

2 What is your current address?

_____ post code: _____

3 What is your daytime telephone 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 have been known (e.g name before marriage)

Date of Birth _____

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

Address _____

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

Address _____

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

SECTION B

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

Surname: _____

Other names: _____

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 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)

_____ 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:

BANK _____ **Branch Address** _____

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: _____

Dormant Claim Verification
BANK USE ONLY

Claim Verified by _____

Staff Number _____

Identity Verified by _____

Staff Number _____

Authorised Signatory _____

Signing Number _____