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What is your full name?

FIRST TRUST BANK DORMANT ACCOUNT CLAIM FORM

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

Other names:				
	post code:			
What is your daytime telephone number?				
Is the account you are enquiring about in your own name?				
□че	ES \square_{NO}			
If yes	please fill in section A			
•	please fill in section A please fill in section B SECTION A			
•	blease fill in section B			
•	SECTION A Please list any other names by which you have been known (e.g name before marriage)			
•	SECTION A Please list any other names by which you have been known (e.g name before marriage)			
•	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			
•	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)			

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				
5	What is the Sort Code & Account Number? Sort Code / / Account Number				

		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 cl payment is to be made:	bank account details to which the balance				
BANK	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 Verifica BANK USE ONLY	tion				
Claim Verified by		Staff Number			
Identity Verified by		Staff Number			
Authorised Signatory		Signing Number			

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

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