



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.

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

