

FORM 4
CALIM BY OR ON BEHALF OF DORMANT ACCOUNT HOLDER

(Regulation 5)

Full Name _____

Date of Birth _____

Current Address _____

Contact Number _____

Email Address (If any) _____

What is/was the full name and address on the account? (if different from the name and the address above)

Dormant Account Holder's Name

Dormant Account Holder's Address

In which bank and branch was the account held?

Account number _____

Was it a joint account? Yes No

If yes, please list any other names and addresses on the account

What is your connection with the account holder?

On what basis are you making this claim?

Is the account holder still alive? Yes No

In order to establish the validity of your claim, your identity must be established. Certified copies of one of the following documents must be provided along with this form. Kindly tick the document that will be supplied with your claim.

- Passport
- Drivers Licence
- Birth Certificate
- Other

Which of the following documentary evidence do you have in respect of the account? Kindly tick which documents you will supply with this claim.

- Passbook
- Statement
- Letters
- Cheque Book
- Deposit Receipt
- Cheque Card or ATM Card
- Other

If account holder is deceased, please indicate which of the following documents you provide.

- Death Certificate
- Probate
- Copy of Will
- Other proof of being the Legal Heir

Please list any other legal documents you have to establish the validity of your claim is true, accurate and complete.

I, _____ certify that the information that I supply in this claim is true, accurate and complete.

Account Holder

Dated this _____ day of _____ 20____

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