

FUNDS RECLAIM FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND ATTACH SELF CERTIFIED ID COPIES

Reclaim Request by

Branch Email Post Branch of Primary Account: Date : _____

Customer Details

Customer ID(s)

Address

Primary Account Holder Name/ Business Account Name

Joint Holder 1 Name/ Authorised Signatory Name

Postcode

Joint Holder 2 Name/ Authorised Signatory Name

Contact Number (Including Area Code)

Joint Holder 3 Name Authorised Signatory Name

Email Address

For any further applicants please complete another form (Customer Details section only).

Account Details

I/We request to reclaim funds from my/our Primary Current/Savings and all linked Current/Savings/Deposit Accounts.

Primary Account Number

I/We request for my/our Fixed Term Deposit accounts to remain open, (Please tick box)
Please provide alternative account details for monthly/annual interest payments (if applicable)

Account Numbers

I/We request for all my/our Fixed Term Deposit accounts to be closed, (Please tick box)

Payment Details

I/We request all funds from the accounts listed in the Account Details section to be transferred to the details provided below.

UK Bank Account

Account Name

Sort Code

Bank Name

Account Number

International Bank Account

Account Name

Intermediary Bank Details (if applicable)

Bank Name

IBAN (International Bank Account Number)

Branch Name

SWIFT Code (or IFSC)

NOTE:*Please note the funds can only be transferred to an account in your own name.

**Charges may apply to transfer of funds. Please refer to the Service Charges section on our website (www.bankofbarodauk.com > Download Forms > Schedule of Charges) or ask a member of staff.

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Authorisation (Subject to Mode of Operation)

By signing this form, I/We are authorising Bank of Baroda (UK) Limited to reclaim funds from my/our accounts and transfer to the account details provided, in the Payment Details section.

Primary Account Holder/ Authorised Signatory Name

Joint Holder 1/ Authorised Signatory Name

Primary Account Holder/Authorised Signatory Signature

Joint Holder 1/ Authorised Signatory Signature

Joint Holder 2/ Authorised Signatory Name

Joint Holder 3/ Authorised Signatory Name

Joint Holder 2/ Authorised Signatory Signature

Joint Holder 3/ Authorised Signatory Signature

Staff Use only (Branch)

Staff Maker Name

Staff Checker Name

Staff Maker Signature

Staff Checker Signature

Employee ID Number

Employee ID Number

Please indicate which checks have been completed:

- All information on this form has been accurately captured.
- If the Reclaim Form is received by Email or Post, the Call Back is evidenced.
- Interest calculated and credited/debited till date.
- All applicable charges are recovered
- Valid customer KYC ID - self certified copies retained (For All Holders)
- Valid customer Proof of Address (For All Holders) - self certified copies retained **or**
- Call Validate performed and result is Pass. Evidence retained (Where applicable)
- Dow Jones Performed for all account holders
- Account Review Completed (where applicable)
- All Exception Approvals obtained and retained
- Customer Details to be update on CBS by BGSS YES NO
- The form is signed as per the mode of operation stated on our records and reclaim instructed accordingly.
- Payment executed as per customer instructions, account balance is NIL. Funds Transferred to Named parties only.