

# Form to reclaim funds from a lost account

PLEASE WRITE IN BLACK BALLPOINT PEN AND COMPLETE IN BLOCK CAPITALS

<b>1</b> What is your full name? (Mr/Mrs/Ms/Miss etc)	First and middle name (s)	
	Family name (surname)	
<b>2</b> What is your current address?	Postcode	
<b>3</b> Are you happy to receive correspondence by email?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please give your full email address		
<b>4</b> Daytime telephone number (include dialling code)	Mobile	
<b>5</b> Is the account you are enquiring about in your name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please fill in Sections A and C. If NO, please fill in Sections B and C.		

SECTION A	Please list any other names by which you have been known (e.g. before marriage)	
	Date of birth / /	
	What addresses have you lived at since the account opened? (use a separate sheet if necessary)	
	Address	Address
	Date / / to / /	Date / / to / /

SECTION B	<b>What was the full name on the account?</b> (Mr/Mrs/Ms/Miss etc)	First and middle name (s)	
	<b>Date of birth</b> (account holder)	/ /	<b>Family name</b> (surname)
	Please list any other names by which the account holder was known (e.g. before marriage)		
	What addresses has/had the account holder lived at since the account opened? (use a separate sheet if necessary)		
	Address	Address	
	Postcode	Postcode	
	Date / / to / /	Date / / to / /	
	<b>What is your relationship with the account holder? Are you:</b> (at least one must be selected) Partner/spouse <input type="checkbox"/>		
	Next of kin <input type="checkbox"/> Beneficiary of will <input type="checkbox"/> Executor of will <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
	<b>Do you have authority by the account holder?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Is the account holder still alive?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>If the account holder is deceased, please state the date of death</b> / /			
<b>Which of the of the following will you be able to provide?</b> Death certificate <input type="checkbox"/> Probate ('confirmation' in Scotland) <input type="checkbox"/> Copy of will <input type="checkbox"/>			

SECTION C	<b>6</b> Name the branch at which you believe the account was held:			
	Name	Address		
		Sort code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<b>7</b> Is the account a joint one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If YES, please list any other names on the account:			
	<b>8</b> What is the account number?	Don't know <input type="checkbox"/>		
	<b>9</b> What type of account is it?	Savings account <input type="checkbox"/>	Current account <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)
	<b>10</b> Date opened	/ /	Don't know <input type="checkbox"/>	
	<b>11</b> Date last used	/ /	Don't know <input type="checkbox"/>	
	<b>12</b> Approximate balance on the account? £	Don't know <input type="checkbox"/>		
	<b>13</b> Was there a passbook with the account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	<b>14</b> If there is anything else you would like to add in support of your claim, please state below. (use a separate sheet if necessary)			