

DORMANT ACCOUNT CLAIM FORM



Please answer as many questions on this form as you can. Please indicate if an answer is approximate, by insertig 'APPROX', after it. Please complete in BLOCK CAPITALS

FULL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: (H) _____

_____ (W) _____

_____ (M) _____

In order to ensure that your claim is valid, we need to check your identity. Please provide one form of address ID (e.g. utility bill dated within the past 6 months old) and one form of photographic ID (e.g. valid passport or driving licence)

ACCOUNT DETAILS (If KNOWN)

ACCOUNT NO.: _____ DATE OF OPENING: _____

FULL NAME ON THE ACCOUNT: _____

FULL ADDRESS ON THE ACCOUNT: _____

BY WHAT OTHER NAME IS/WAS THE ACCOUNT HOLDER KNOWN? (E.G. MAIDEN NAME OR IRISH VERSION)

WHAT PREVIOUS ADDRESS(ES) DID/DOES THE ACCOUNT HOLDER HAVE?

WAS IT A JOINT ACCOUNT? YES NO

IF YES PLEASE LIST OTHER NAMES AND ADDRESSES ON ACCOUNT

WHAT DATE WAS THE ACCOUNT LAST USED: _____

WHAT IS/WAS THE APPROXIMATE BALANCE: _____

WHICH OF THE FOLLOWING DOCUMENTARY EVIDENCE DO YOU HAVE IN RESPECT OF THE ACCOUNT?

PASSBOOK STATEMENT LETTERS OTHER

NOTE: These documents should be attached to this Form, but may be asked for during the processing of your claim.



Please add any additional information that you can provide to help establish the validity of your claim

CLAIMING FUNDS IN ANOTHER PERSONS NAME

WHAT IS YOUR CONNECTION WITH ACCOUNT HOLDER:

ON WHAT BASIS ARE YOU MAKING THIS CLAIM:

IS THE ACCOUNT HOLDER STILL ALIVE? YES NO

IF THE ACCOUNT HOLDER IS DECEASED PLEASE INDICATE WHICH OF THE FOLLOWING DOCUMENTS YOU CAN PROVIDE?

DEATH CERTIFICATE PROBATE COPY OF WILL

SOLICITORS LETTER ADVISING RELEVANT WILL TERMS OTHER PROOF OF BEING THE LEGAL HEIR

PLEASE LIST ANY OTHER LEGAL DOCUMENTS YOU HAVE WHICH ESTABLISH THE VALIDITY OF YOUR CLAIM?

NOTE: These documents should NOT be attached to this Form but may be asked for in the processing of your claim.

ADDITIONAL INFORMATION AND SIGNATURE

By signing this form you understand and agree that you are authorising EBS and other companies in the EBS Group and their contractors and agents to retain and process the personal data provided by you for the purposes of: administering your claim, preventing and detecting fraud and statistical analysis and market research.

I/we declare that I/we have not made any alterations or additions to this standard form other than the completion of the relevant sections and that the information given is true, accurate and complete to the best of my/our knowledge.
I authorise the lodgement and withdrawal of €1 to reactivate this account.

SIGNATURE: _____ DATE: _____

BRANCH STAMP: _____