

# 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

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### CLAIMING FUNDS IN ANOTHER PERSONS NAME

WHAT IS YOUR CONNECTION WITH ACCOUNT HOLDER:

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ON WHAT BASIS ARE YOU MAKING THIS CLAIM:

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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?

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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: \_\_\_\_\_

### DATA PROTECTION

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in our EBS Offices or online at [www.ebs.ie/dataprotection](http://www.ebs.ie/dataprotection). It may change from time to time.