

Dormant Account Claim Form

Please return the completed form to the appropriate institution.

This form may be used to claim funds in a dormant account in one or other of two ways.

- Claiming Funds in a Dormant Account in Your Own Name? **Please complete Part A and Part C**
- Claiming Funds in a Dormant Account in Another Person's Name? **Please complete Part A, Part B and Part C.**

When you have completed the relevant sections, **please return the form to the Office concerned.** Individuals who make fraudulent claims may be guilty of an offence.

Please answer as many questions in this form as you can. An approximate answer is better than no answer. But please indicate if an answer is approximate, by inserting APPROX. after it. Please complete in ballpoint pen using block capitals.

Institution Contact Details

CLAIMS RESOLUTION BOARD

Physical Address
3rd Floor Building D
Sunnyside Office Park
32 Princess of Wales Terrace
Park town – 2193

P. O. Box 61674
Marshalltown
2107

Telephone /Facsimile
+27 86 689 8987

Email: claims@resolutionboard.co.za

Dormant Account Claim Form

COMPLETE & RETURN TO CRB

Part A - Claiming Funds in a Dormant Account

What is your full name?

What is your date of birth?

What is your current address?

What is your telephone number?

Company Name / Occupation

In order to ensure that your claim is valid, we need to check your identity. **Which of the following could you provide**

Please ✓ **tick all that apply**

- Passport
- Driving License
- Other

NOTE: Identification documents **should be attached with this form.**

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Part A - Continued

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

Name

Address

In which bank branch(es) is/was the account?

In which bank branch(es) did/does the account holder hold accounts?

By what other name(s) is/was the account holder known? (e.g. maiden name)

What previous address(es) did/does the account holder have?

Was it a joint account? Yes No

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

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Part A - Continued

What type of account is/was it?

Please ✓ tick all that apply

Savings Current Other (please specify)

What is the account number?

Don't Know

On what date was the account opened?

On what date was the account last used?

What is/was the approximate balance on the account?

Which of the following documentary evidence do you have in respect of the account?

Please ✓ tick all that apply

- Pass book
- Statement
- Deposit receipt
- Letters
- Cheque card or ATM card
- Cheque book
- Other

NOTE: These documents **should not be attached to this form**, but may be asked for during the processing of your claim.

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Part B - Claiming funds in another person's name

Please send the completed form to the appropriate institution

What is your connection with the account holder?

On what basis are you making this claim?

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Part B - Continued

Is the account holder still alive? Yes No

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

Please ✓ tick all that apply

- The Death Certificate
- Probate
- Copy of Will
- Solicitor's 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 be attached to this form.**

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Part C - Additional information and signature

Please send the completed form to the appropriate institution

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

Note: Relevant documents **should not be attached to this form**, but may be asked for during the processing of your claim.

If you have answered as many questions as you can and listed all relevant documents, please sign and date the form below, and return it to the Office concerned.

Your Signature:

Today's Date: (Day/Month/Year)

This Section is for Official Use Only

**Completed forms should be processed by the head
office of the appropriate institution.**

CRB COPY

For administrative purposes - Do not fill in

Date Received (Day/Month/Year)

By

Branch

Official Stamp

CUSTOMER COPY

For administrative purposes - Do not fill in

Date Received (Day/Month/Year)

By

Branch

Official Stamp