



Bank of St. Helena Ltd.

www.sainthelenabank.com

ACCOUNTS CLAIM FORM

This Form is for Bank of St Helena customers claiming funds from a Dormant Account. When supplying information for the Account, you must detail information from before the Account became dormant. Please submit with a copy of your photo ID (i.e. Passport). If any information is different from information held by the Bank, please provide relevant documentation (i.e. marriage certificate).

Account Number:				
Customer Title:				
Customer Name:				
Account Name: if different from customer name				
Date of Birth:				
Account Address:				
Current Address: Please provide proof of Address				
Account Last Used: please tick	St Helena		Ascension	
Email Address:				
Telephone Number: Home / Work / Mobile	H		W	M
Signature:			Date:	

FOR BANK USE ONLY

Application Received	Signature		Date	
Research Completed and Recommended for Approval	Signature			
Claim Amount (£)				
Signatory 1: Approved by Managing Director				
Signatory 2: Approved by Senior Manager				
Claim Amount Paid	Signature		Date	
Claim Paid Via:	Transfer		Ref:	
		Cash		Ref:

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Established and regulated in St Helena under the Financial Services Ordinance, 2008 and 2017, the Financial Services Regulations, 2017, the Company Ordinance, 2004 and the Company Regulations, 2004