

# BOI Lost Account Reclaim Form

Request to retrieve funds from a lost account



Complete, sign and date this form and send to us at:  
UK Savings 3rd Floor, 1 Donegall Square South, Belfast BT1 5LR

1st Account Holder Name:

2nd Account Holder Name: (if applicable):

Current Address:

Telephone Number:

Email Address:

Preferred Contact Method: Email  Contact Number

Former Address (if applicable):

Account Holder Signature:

2nd Account Holder Signature (if applicable):

Account Number:           Don't know

Sort Code:   -   -   Don't know

What type of account is/was it?

Savings  Current  Other (please specify)

**Please tick all that apply**

On what date was the account opened?

On what date was the account last used?

What was the approximate balance on the account?

## If you are a representative of the account holder please provide your contact details below

Name:

Address:

Contact Number:

Email Address:

Preferred Contact Method: Email  Contact Number