

Bank of Ireland 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 5th 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