



AIB (NI) Dormant Account Claim Form

How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this
If you make a mistake, do this and mark the correct box

3 Please use BLOCK CAPITAL LETTERS and leave one space between each word

1. What is your full name?

Title (Mr, Mrs, Miss, Ms, other)

First Name

Surname

Other Names

2. What is your current address?

Postcode

3. Contact number

4. Is the account you are enquiring about in your own name?

Yes

No

If **yes** please fill in section **A**
If **no** please fill in section **B**

SECTION A

Please list any other names by which you may have been known (e.g. name before marriage)

Date of Birth

What addresses have you lived at since the account was opened? (use separate sheet if necessary)

Address

Postcode

from to

from

--	--

 /

--	--

 to

--	--

 /

--	--

from

--	--

 /

--	--

 to

--	--

 /

--	--

from

Month
<div></div>

 /

Year
<div></div>

 to

Month
<div></div>

 /

Year
<div></div>

Yes ☐ No ☐

death certificate ☐ probate ☐ copy of will ☐ solicitor's letter advising of the relevant will terms ☐

5. Is/was the account a joint one?

Yes ☐ No ☐ Don't Know ☐

If yes please list any other names on the account

6. What is the Sort Code & Account Number?

Sort Code Account Number Don't Know ☐

7. On what date was the account last used? (estimate if necessary)

Month

 /

Year

 Don't Know ☐

Please indicate which of the following documents you have showing evidence of the account, by ticking the appropriate box:

passbook ☐ bank statement ☐ letter from bank relating to account ☐

cheque or credit/debit card ☐ cheque book ☐ ATM card ☐

other (please specify) ☐

In the event of a valid claim please include bank account details to which the balance payment is to be made:

Bank

Bank Address

Postcode

NSC Account Number

In requesting the balance of this account I accept closure of same and accept the payment made as being in full and final settlement.

Claimant's Signature

Date

Day

 /

Month

 /

Year

Dormant Claim Verification

BANK USE ONLY

Claim Verified by

Identify Verified by

Signature

Staff Number