

UNCLAIMED FINANCIAL ASSETS – AGENT FOR OWNER CLAIM

**FORM 4D**

DATE STAMP
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<b>1</b>	Asset code or a brief description of the asset you are claiming	
	Original Asset Owner's Name(s)	
	Original Asset Owner's Identification Number and KRA PIN Number(s)	
	Original Unclaimed Asset Owner's Address as reported by the Holder <span style="float: right;"><input type="checkbox"/> Unknown</span>	

<b>2</b>	Claimant's Name <span style="float: right;"><input type="checkbox"/> Same as above</span>		Agent's Name
	Claimant's Identification Number and KRA PIN Number <span style="float: right;"><input type="checkbox"/> Same as above</span>		Claimant's Date of Birth
	Email Address	Telephone Number	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	Post Code	City/Town	County

<b>3</b>	Please read each statement carefully before answering. One of the following statements must be true in order to claim		
		YES	NO
	3a. I am the attorney-in-fact for the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
	3b. I am the court appointed guardian, custodian, conservator or fiduciary of the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
	3c. A Trust is the registered owner of this asset and I am the current trustee	<input type="checkbox"/>	<input type="checkbox"/>
	3d. I am the court appointed bankruptcy trustee for the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
3e. I am the custodial parent of the living owner of the asset being claimed, who is a minor	<input type="checkbox"/>	<input type="checkbox"/>	

<b>4</b>	In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.
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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DECLARED AT: \_\_\_\_\_

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

(NOTARY SEAL)

BY: \_\_\_\_\_

COMMISSIONER OF OATHS