

Claiming as a Beneficiary/Deceased Cases (4B)

Where the claimant is not the owner but has or asserts a Legal Right to an unclaimed asset, the claimant shall submit to the Authority the following:

1. Completed Beneficiary claim (Form 4B) duly commissioned by a lawyer.
2. Completed Indemnity Agreement (Form 5) duly commissioned by a lawyer.
3. An Original official letter received from the holder confirming remittance of unclaimed financial assets to the Authority.
4. Certified copy of the claimant's National Identity card or Passport.
5. Copy of claimant's KRA PIN certificate.
6. Copy of certificate of death.
7. Certificate of Confirmation of Grant (Obtained from the High Court of Kenya)/ Certificate of Summary Administration (Issued by the Public Trustee or Deputy County Commissioner).
8. Original Affidavit if names differ between National ID, KRA PIN and holders documents or is initialed in any of the documents.
9. Payment details indicated on the Payment Details form.
10. Provide Bank/Mpesa statement of an active account/phone number, current deposit slip or withdrawal slip-clearly showing account or Mpesa name and number to confirm payment details provided in item 9 above. (If there is more than one claimant, provide a statement of a joint bank account or a letter of no objection from one of the joint claimants nominating payment to the other joint claimant).
11. Kindly note that if you claim via Public Trustee/Deputy County Commissioner, they will be required to fill and sign on all forms (Form 4B, Form 5 and Payment Details form) and a letter of no objection of funds being paid into their accounts from the beneficiaries, should be attached.
12. Kindly note that if you are claiming with Certificate of confirmation of Grant, all administrators must append signatures on all the forms.

UNCLAIMED FINANCIAL ASSETS – BENEFICIARY CLAIM

FORM 4B

DATE STAMP

1	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		

2	Claimant's Name		
	Claimant's ID and KRA PIN Number		Claimant's Date of Birth
	Email Address	Telephone No.	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	City/Town, Post Code, County		

3	3. I understand that Appendix 4 titled Declaration for Collection of Personal Assets is required to support my claim and allow for payment. I have included the filled out and notarized claim with the evidence I am submitting.		<input type="checkbox"/> YES
	3a. The Decedent has a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a complete copy of the valid Will and Trust, if one is mentioned in the Will
	3b. An application for appointment of Personal Representative has been granted or is pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, only the assigned Personal Representative may claim. Attach a copy of your Letters of Office certified within 60 days.
	3c. The value of the Decedent's estate has grant of probate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the Authority requires probate for this estate. Once probate has been initiated the Authority will release the asset to the court appointed Personal Representative.

4	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 anyother 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: _____

(NOTARY SEAL)

BEFORE ME THIS _____ DAY OF _____ 20 _____

BY: _____
COMMISSIONER OF OATHS

FORM 5

DATE STAMP

UNCLAIMED FINANCIAL ASSETS AUTHORITY

Claimant/ Successor: Address: _____

Post Code City/Town County:

Asset claiming:

I, _____ is the undersigned claimant/successor in interest of the above-listed property, which is in the possession of the Unclaimed Financial Assets Authority, in consideration of receipt of some or all of the above-listed property, agree to indemnify the Unclaimed Financial Assets Authority and hold it harmless against any and all claims, judgments, decrees, cost, expenses (including reasonable attorney fees) or any other loss which the Unclaimed Financial Assets Authority might sustain by reason of delivering or relinquishing the property to me and by reason of the Authority's refusal hereafter to deliver the property or any part thereof to any other person or entity.

SIGNATURE _____

DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 ____

(NOTARY SEAL)

BY: _____
COMMISSIONER OF OATHS

UNCLAIMED FINANCIAL ASSETS AUTHORITY

Pacis Centre, 2nd Floor, Slip Road, off Waiyaki Way
P.O. Box 28235 - 00200, City Square, Nairobi
Mob: +254 706 866984, 736 559152
Tel: +254 20 4023000
www.ufaa.go.ke



PAYMENT DETAILS FORM

Name of Claimant or Nominee.....

Account Name

Bank Name

Account No./Mobile Money No.

Branch Name

Claimant's Signature

Date.....

NB. ATTACH A COPY OF ONE PAGE RECENT BANK/MPESA STATEMENT FOR THE ACCOUNT/ MOBILE NUMBER PROVIDED ABOVE.