

Claiming on Behalf of a Business Entity (4C)

Where the claimant is claiming on behalf of a business entity, the following are the requirements:

1. Completed Business Entity claim (Form 4C) 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. Copy of CR12 obtained from the Company Registrar indicating current Directors of a company or in the case of a Self-Help group, Sacco/Society, Minutes of meeting appointing officials is required.
5. Certified copy of the Directors'/Officials' National Identity cards or Passports (Certified by a lawyer).
6. Copy of Company's and Directors'/Officials' KRA PIN certificates.
7. Certificate of Incorporation/Registration.
8. Certificate of change of Business name.
9. Business Entity's payment details indicated on the Payment Details form.
10. One page copy of recent Bank/Mpesa statement, current deposit slip or withdrawal slip, clearly showing account/Mpesa name and number, to confirm payment details provided in item 9 above.

UNCLAIMED FINANCIAL ASSETS – BUSINESS ENTITY CLAIM

FORM 4C

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		<input type="checkbox"/> Unknown
2	Claimant's Name <input type="checkbox"/> Same as above		
	Claimant's Company Registration and KRA PIN Number <input type="checkbox"/> Same as above		Agent's Name
	Email Address	Telephone Number	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	City/Town, Post Code, County		
3	Please read each statement carefully before answering. One of the following statements must be true in order to claim		
		YES	NO
	3a. This entity is/was a sole proprietorship. If yes fill APPENDIX 2	<input type="checkbox"/>	<input type="checkbox"/>
	3b. This entity is/was a partnership	<input type="checkbox"/>	<input type="checkbox"/>
	3c. This entity is/was a corporation, company, or not-for-profit organization	<input type="checkbox"/>	<input type="checkbox"/>
	3d. I am the court appointed bankruptcy trustee for this entity	<input type="checkbox"/>	<input type="checkbox"/>
3e. This entity is a government agency	<input type="checkbox"/>	<input type="checkbox"/>	
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 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.		

SIGNATURE _____

DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____

(NOTARY SEAL)

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.