

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