

## **Claim Requirements for a Beneficiary of a Deceased Person or Other Persons (4B)**

Where the claimant is not the owner but has or asserts a legal right to an unclaimed asset, the claimant shall submit following documents:

### **Mandatory Requirements.**

1. Completed Original Owner(s) 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 asset holder** confirming remittance of unclaimed financial assets to the Authority. (From Bank, Telcos e.g. Safaricom, Airtel etc, Insurance, Sacco, Shares Registrars etc)
4. Copy of the claimant's National Identity Card or Passport certified by a lawyer \*\*
5. Copy of claimant's KRA PIN certificate.
6. Certificate of Confirmation of Grant (Obtained from the High Court of Kenya). (*Kindly note that if you are claiming with Certificate of Confirmation of Grant, all administrators must append signatures on all the forms.*)
7. Completed **Payment Details Form**. (Bank Account details for Claim values above Kshs. 20,000 or MPESA details for Claims below the value of Kshs. 20,000)
8. Provide **One-page Bank Statement** for an active bank account or **MPESA Statement** for an active phone number, clearly showing bank account or MPESA name and phone number to **confirm payment details provided in item 6 above.**

### **Other Special Requirements that may apply.**

1. Original Lawyer's Affidavit if there are discrepancies on the name on the documents e.g. National ID, KRA PIN and Holder's Documents, Insurance Policy etc.
2. If there is more than one claimant, provide a statement of joint payment details and/or a letter of no objection from one of the joint claimants nominating payment to the other claimant.
3. Original Policy Document from the Insurance company or a Lawyer's Affidavit for a lost, misplaced or untraceable Insurance Policy Document for Insurance Related Claims.

**Other Special Requirements for Claims through Public Trustee or Deputy Director Commissioner (DCC) Cases.**

1. Certificate of Summary Administration (Issued by the Public Trustee or Deputy County Commissioner).

Kindly note that if you claim via Public Trustee/Deputy County Commissioner, they will be required to fill their details and sign on all forms as the claimant (**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.

*Note: \*\* Kindly ensure Form 4B,5 and ID/Passport are certified by a lawyer.*

*Incomplete documentation may delay your claim processing.*

UNCLAIMED FINANCIAL ASSETS – BENEFICIARY CLAIM

FORM 4B

DATE STAMP

<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		

<b>2</b>	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		

<b>3</b>	3. I understand that <b>Appendix 4</b> 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.

<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 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 | Tel: +254 20 4023000  
Slip Road, off Waiyaki Way | Mob: +254 706 866984/0736 559152  
P.O. Box 28235 - 00200 | Email: info@ufaa.go.ke  
City Square, Nairobi | Web: www.ufaa.go.ke

**PAYMENT INSTRUCTION FORM**

**Name of Claimant or Nominee**

*(Provide name(s) of all claimants  
if filing a joint claim)*

Claimant 1. ....

Claimant 2. ....

Claimant 3. ....

Claimant 4. ....

**Bank Account No./Mobile Money No.** .....

*(Provide joint account number if applicable)*

**Bank Account Name** .....

*(Provide joint account name if applicable)*

**Bank Name and Branch**.....

*(Provide name and branch if applicable)*

**Claimant's Signature**

*(Provide signatures for all  
claimants if filing a joint claim)*

Claimant 1. ....

Claimant 2. ....

Claimant 3. ....

Claimant 4. ....

**Date**.....

**NB. Attach a copy of a recent bank or M-Pesa statement for the account or mobile number provided above.**



ISO/IEC 27001:2013 Certified

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