

Claim Requirements for a Business Entity (4C)

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

Mandatory Requirements.

1. Completed Original Owner (s) 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 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 Current 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. Copy of the Directors'/Officials' National ID or Passports certified by a lawyer. **
6. Copy of Company's KRA Pin and Directors'/Officials' KRA PIN certificates.
7. Certificate of Incorporation / Business Name Registration.
8. 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)
9. 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. Certificate of change of Business or Company Name.
2. Original Lawyer's Affidavit if there are discrepancies on the name on the documents e.g. Company Name, National ID, KRA PIN and Holder's Documents, Insurance Policy etc.
3. 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.
4. 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.

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

Incomplete documentation may delay your claim processing.

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.
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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 | 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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