

Claim Requirements on Behalf of a Minor or Agent of the Original Asset Owner (4D)

Where the claimant is not the owner but is claiming as an agent on behalf of a living asset owner, the following are the requirements:

Mandatory Requirements.

1. Completed Original Owner(s) claim (**Form 4D**) 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. 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)
7. 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 7 above.**

Other Special Requirements that may apply for Minor Related Cases.

1. Birth Certificate/Guardianship deed.

Other Special Requirements that may apply for Agent of Owner Cases.

1. Registered Power of Attorney. (Registered at the Ministry of Lands).

Other Special Requirements that may apply.

1. 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.
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.

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

Incomplete documentation may delay your claim processing.

UNCLAIMED FINANCIAL ASSETS – AGENT FOR OWNER CLAIM

FORM 4D

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		Agent's Name
	Claimant's Identification Number and KRA PIN Number <input type="checkbox"/> Same as above		Claimant's Date of Birth
	Email Address	Telephone Number	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	Post Code	City/Town	County

3	Please read each statement carefully before answering. One of the following statements must be true in order to claim		
		YES	NO
	3a. I am the attorney-in-fact for the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
	3b. I am the court appointed guardian, custodian, conservator or fiduciary of the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
	3c. A Trust is the registered owner of this asset and I am the current trustee	<input type="checkbox"/>	<input type="checkbox"/>
	3d. I am the court appointed bankruptcy trustee for the living owner of the asset being claimed	<input type="checkbox"/>	<input type="checkbox"/>
3e. I am the custodial parent of the living owner of the asset being claimed, who is a minor	<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



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.

