Balance Reclaim Form

X Ulster Bank

To be completed by the account holder(s) reclaiming funds.

Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'. Fields marked * are mandatory.

Sort Code:	Account Number(s):
Account Type:	
Savings Account	
Name Account Holder 1:	
Name Account Holder 2:	
DOB Account Holder 1:	(DD/MM/YYYY)
DOB Account Holder 2:	(DD/MM/YYYY)
Address:	
County:	
Eircode:	
Tel. No Account Holder 1:	
Tel. No Account Holder 2:	
Email Account Holder 1:	
Email Account Holder 2:	

If you have changed address
and not notified the bank.
Please detail your previous
address:

ged address he bank.					
r previous					
ke to receive the	e funds?:		 	 	

How would you li

Cheque						
Electronic Funds Transfer						
Name on Account:						
IBAN:						
BIC:						

Please note that a cheque will be issued in the names of all parties on the account and will be issued to the statement address held on file by Ulster Bank.

Signature

Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Please ensure that any required supporting documents are submitted with this form

Cheque Re-Issue / Balance Reclaim Form

X Ulster Bank

To be completed by beneficiary claiming funds in another person's name.

Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'. Fields marked * are mandatory.

Sort Code:	Account Number(s):
Name Account Holder 1:	
Name Account Holder 2:	
DOB Account Holder 1:	(DD/MM/YYYY)
DOB Account Holder 2:	(DD/MM/YYYY)
Address:	
Country	
County:	
Eircode:	
Tel. No Account Holder 1:	
Tel. No Account Holder 2:	
Email Account Holder 1:	
Email Account Holder 2:	

If you have changed address and not notified the bank.								
Please detail your previous address:								

Claimant Details	
Name(s):	
Address:	
County:	
Eircode:	
Tel No:	
Email Address:	

How would you like to receive the funds?:

Cheque										
Electronic Funds Transfer										
Name on Account:										
IBAN:										
BIC:										

Please note that a cheque will be issued in the names of all parties on the account and will be issued to the statement address held on file by Ulster Bank.

What is your connection to the account holder?									

On what basis are you making this claim?								

Is the account holder still alive?

Yes

No

If the account holder is deceased, please confirm which of the following documents you are able to provide:

Please check all that apply

The Death Certificate

Probate

Copy of the Will

Solicitors Letter advising term of the Will

Other proof of being the legal heir

Please list any other legal documents that will verify the										
validity of your claim:										

Signature

Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Please ensure that any required supporting documents are submitted with this form

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