Request to trace dormant savings or investments



NS &I

Please answer as many questions as you can. The more information we have the more likely it is that we will be able to trace any savings or investments you may hold. **Use a separate form for each individual customer.**

Please write in **BLACK CAPITAL LETTERS** inside the boxes. This helps us to process your form faster.

1	Your full name	title													da	te o	f bir	th (e	esse	ntia	l) [D	D	M	M	Υ	Y	YY			
		surname																													
	f	orenames in full			Ī			Ī																							
_	Your current	address			T																					<u> </u>					
	address	town/city	П		T			T								<u> </u>												$\overline{\Box}$			
	Postcode is essential.	postcode									tel n	0												pre	efera	bly a	mol	oile			
3	Previous name(s and/or address(e		Pleas	se list	any o	ther n	ame	by v	whic	h y	ou h	ave	bee	n kn	iowr	ı (eg	nan	ne be	efore	· ma	rriag	e)									
	Only complete this section for holdings	surname																													
in your nan	in your name.	orenames in full																													
			Wha	t addr	esses	have	you	livec	l at s	inc	e the	e ho	ldin	g w	as o	pene	d? (Use a	a se _l	oara	te sh	eet	if ne	cess	ary.)		•				
	You need to provide all your previous addresses to allow us to make a full trace. Use a separate sheet if necessary.	address 1																													
		postcode									date	s [D	D	M	M	Υ	Υ	Υ	Υ	to	D	D	M	\mathbb{M}	Υ	Y	YY			
		address 2																													
	Postcode is essential.	postcode									date	s [D	D	M	M	Υ	Υ	Υ	Υ	to	D	D	M	M	Υ	Y	YY			
4	Which account(s investment(s) do want us to trace	Capital Bonds Children's Bonus Bonds								Guaranteed Equity Bonds Guaranteed Growth Bonds										Ordinary Account Pensioners Bonds											
			Deposit Bonds									\times	Gı	uara	intee	ed Income Bonds						X	Premium Bonds								
			Direct Saver								Income Bonds														Savings Certificates						
			Easy Access Account									\leq	ln	vest	men	ent Account						Yearly Plan									
			FIRST Option Bonds								ISA											Any other Product									
				Fixed Rate Savings Bonds																											
	Account/Hol Bond/Certificate nu	der's number or mber (if known)																													
5	When was the holding opened – approximately?	date	D	D N	ЛМ	Υ	Υ	Υ	Υ																d	on't k	now				
6	What was the va – approximately?	alue _f																							d	on't k	now				

please continue overleaf and sign

7	Is the holding in your name?	yes no																													
8 a	Holdings in other people's names		Wha infor																									as m	uch		-
		title														da	ate o	f bi	rth (esse	entia	al)	D	D	M	M	Υ	Υ	Υ	Υ	
		surname																													
		forenames																													
			Plea	se lis	t an	y oth	ner i	nam	e by	wh	ich t	the h	olde	r ha	s be	en k	cnow	n (e	g nai	ne b	efor	e ma	arria	ge)							
		surname																										L			
		forenames																													
8h	Previous		Wha	t add	dress	ses h	ıas t	the h	nold	er liv	/ed a	at sir	nce 1	he h	noldi	ng v	was c	pen	ed?	(Use	sep	arate	she	eet if	nec	essa	ry.)				-
	Previous address(es) If applying on behalf of someone else, you need to provide all their previous addresses to allow us to make a full trace. Use a separate sheet if necessary. Postcode is essential.	address 1																													
		postcode										dat	es	D	D	N	1 M	Υ	Υ	Υ	Υ	to	D	D	M	M	Υ	Υ	Υ	Υ	
		address 2														Τ		Τ													
		postcode									1	dat	es	D	D	IV	1 M	Υ	Υ	Υ	Υ	to	D	D	M	M	Υ	Υ	Υ	Υ	l
		is the holder still alive?	We will need the written authority of the holder before we can disclose information to you																												
		relationship to holder	D	D	lav rel	ath o	's le	etter	adv			the	of d	eath		Plea	ase d] ('		firma				tland				of W		age.	
9 _a	Your signature Once you have answered as many questions as you can please sign and date in the presence		Decl inves We v regu	stor, vill ເ	I ha use t	ve th he p	ne a erso	outho onal	ority info	to o	do s tion	o. i prov	vide	d to	dea	l wi	th yo	ur cl	aim.	We	may	, reta	ain (claim	ants	s' de	tails	for	nothe	er	
	of a witness, who also needs to sign and date.	signature																			da	ite	D	D	M	M	Υ	Υ	Υ	Υ	
	The witness cannot be a family member.	signature of witness																			da	ite	D	D	M	M	Υ	Υ	Υ	Υ	
9 _b	Name and	name																Τ													
	address of witness	address				j							Ī		İ	Ì	İ	Ì													
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													Ì			İ	Ť														
		postcode										-	<u> </u>		-	'			1			1		1							1
	What to do next		• Ma														ed. lanc	l SR	43	2SB											•