

Post Office Money Savings Account Reclaim Form

Request to reclaim funds from Post Office Money Savings Account:

Complete, sign and date this form and send to us at:

Post Office Money Savings Accounts, PO Box 87, Armagh BT61 OBN

1st Account Holder N	Jame:								
2nd Account Holder	Name:								
(If joint account	held)								
Current Address:									
m 1 1 27 1									
Telephone Number:	_								
Email Address:									
Preferred Contact M	1ethod:	Email		Conta	act Nun	nber			
Former Address: (If applicable) Account Holder Signature: 2nd Account Holder:									
(If joint account held)									
Account Number:			Ι	Oon't Kno	w				
Sort Code:			Ι	Oon't Kno	w				

What type of accountis/was it?	nt																
1s/was it:																	
On what date was the account opened:		D	D	М	М	Υ	Υ	ΥY									
On what date was th account last used:	e	С	D	М	М	Υ	Υ	YY									
What was the approximate balance on the account:	e	£		,													
	_	_															
If you are a represent	tative o	f the a	ccour	ıt ho	lder	plea	ise pr	ovide	your	conta	ct de	tails	bel	ow			
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Name:	tative c	f the a	ccour	nt ho	older	plea	ise pr	ovide	your	conta	ct de	tails	belo	ow			
Name: Address: Contact Number:	tative o	of the a	ccour	nt ho	older	plea	ase pr	ovide	your	conta	ct de	tails	bel	ow			
Name: Address:	tative c	of the a	ccour	nt ho	older	plea	ise pr	ovide	your	conta	ct de	tails	beld	ow			