

Request for Refund of Unclaimed Monies for a Personal Account

About this Form

Please complete this form if the account is in a personal name (i.e. not a Business Entity) and provide documents as indicated to request a refund of Unclaimed Monies.

Section 1 – Your Details				
ll Name of Account Transferred as Unclaimed M	1onies			
Account Number (or Credit Card Number)			Amount	
			\$	
count Holder(s) Current Residential Address				
ıburb/Town			State	Postcode
none Mobile		Email		
count Holder(s) Residential Address when Acco	unt was Opened (if diffe	erent)		
· ·	'	•		
ıburb/Town			State	Postcode
SIC OTN (This can be retrieved from ASIC's webs	site at www asic acv au			
70 OTTV (This call be realieved from 7010 3 webs	site at www.asie.gov.aa/			
Section 2 – Refund Details				
ost a Cheque in the Name of the Account Holder	r(s) or Estate			
ddress	(0) 01 =03333			
iburb/Town			State	Postcode
Section 3 – Declaration				
Section 3 — Declaration The undersigned, make the following declaration	to National Australia B	ank Limited ("NAB").		
the undersigned, make the following declaration ad an account issued by NAB, the money from the contract of th				
the undersigned, make the following declaration ad an account issued by NAB, the money from the account details were as stated above.	which I believe has beer	n transferred to ASIC.		
the undersigned, make the following declaration ad an account issued by NAB, the money from the account details were as stated above.	which I believe has beer account identified above	n transferred to ASIC. e and am entitled to c	laim the money that transf	erred to ASIC; or I am
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Section 5 – Verifying Account Ownersh	ip			
Attach certified copy of document showing proof OR Attach certified proof of connection to address rel Attach certified copy of document showing proof	lating to account whe	ere unclaimed monies were held (e.g. council rates r		
If claiming on behalf of a deceased estate Attach Certified copy of Probate/Letters of Admir OR Attach certified copy of Death Certificate, certified		e identification of Administrator or Executor cable) and suitable identification of Executor(s) or n	ext of kin	
Section 6 – Verifying Identity of Claima	nt			
 Your Identity Verification Document Requirements 1. You MUST complete Part I or if you do not own a d 2. All identification documents MUST be current and 3. All addresses MUST be residential (not P.O. Box) at 4. If you are an Aboriginal or Torres Strait Islander and contact us on 13 24 84 for assistance. 	locument from Part I, originals (photocopie nd MUST match the	then complete Part II. es or internet printouts are not acceptable forms of i residential address as printed above.		
PART I – Acceptable Primary Photographic ID Documents		PART II – Acceptable Primary Non-Photographic ID Documents		
Select ONE (or more) from this section		Should only be completed if individual does not own a document from Part I		
 Australian nationals and residents: Current Australian driver licence Current Australian passport Current Australian Proof of Identity/Age Card issued by an Australian Government Office Foreign nationals: Current passport (in English or with NAATI translation)* Current National identification card/document containing photo Current driver licence with photo, must include name and date of birth 		Select ONE (or more) from this section Applicable to Australian nationals only: · Australian Birth Certificate · Australian Citizenship Certificate · Centrelink Health Care Card · Centrelink Pensioner Concession Card · Centrelink Commonwealth Seniors Health Card		
If only ONE is captured in PART I above, select ONE from the section below		If only ONE is captured in PART II above, select TWO from the section below		
 Utility bill with name and address of the customer Telephone landline bill with name and address of the Australian Taxation Office (ATO) Notice of Assessm Council rates notice with name and address of the Firearms Licence *Documents that are written in a language other than English must be	the customer issued we nent with name and control con	within the preceding 3 months address of the customer issued within the preceding hin the preceding 3 months	12 months	
Section 7 – Check List				
Sections 1-6 completed Documents required as per Sections 5 and 6 have I am aware that refunds from ASIC can take up to				
Section 8 – Staff to Complete				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Signature Verified By (Stamp and Sign)	Date			
3				
X	/ /	X	/ /	
Maker (Stamp and Sign)	Date	Checker (Stamp and Sign)	Date	