

BANK OF GHANA

FINANCIAL STABILITY DEPARTMENT

DORMANT ACCOUNT FUNDS CLAIM FORM

Part A: Claimant Information

This section should be completed by the person(s) making the claim (either the dormant account holder or the legal representative). By providing

Are you the Account Holder	YES NO	
1. First Name	2. Middle Name	3. Surname
4. Address:		5. Telephone No.
6. Relationship with Dormant	Account Holder (e.g. Executor, Mother, Father, Son, etc.)	7. National ID No.
8. Evidence provided for Relationship (tick if applicable) Probate/LA Other Legal Instrument. Power of Attorney		9. Email Address
Probate/LA Other	Legarinshomem. Tower of Anomey	
9. Which of the following doc	umentary evidence do you have in respect of tatement Letters Publication	
9. Which of the following doc	umentary evidence do you have in respect of tatement Letters Publication aim: (tick if applicable)	Other:
9. Which of the following doc Passbook Bank S 10. Reason for making the C	umentary evidence do you have in respect of tatement Letters Publication aim: (tick if applicable)	of the account (tick applicable) Other: Others:
9. Which of the following doc Passbook Bank S 10. Reason for making the Cl Account Holder Deceas	umentary evidence do you have in respect of tatement Letters Publication aim: (tick if applicable) ed Account Holder Incapacitated	Other:
9. Which of the following doc Passbook Bank S 10. Reason for making the Cl Account Holder Deceas 11. Claimant Signature: Part B: Dormant Account	umentary evidence do you have in respect of tatement Letters Publication aim: (tick if applicable) ed Account Holder Incapacitated 12. Date:	Other:
9. Which of the following doc Passbook Bank S 10. Reason for making the Cl Account Holder Deceas 11. Claimant Signature:	umentary evidence do you have in respect of tatement Letters Publication aim: (tick if applicable) ed Account Holder Incapacitated 12. Date:	Other:

7. ID Type/Number/Buss Reg. No.		18. Date of Birth:	
. Address:		20. Telephone No.	
Claim Amount			
Currency	Amount		
GHS			
USD			
GBP			
EUR			
Other (Specify)			
rt C: Validation by I	Bank/SDI		
		m on behalf of the dormant account holder or claimant.	
art C: Validation by I		m on behalf of the dormant account holder or claimant.	
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claimant/dormant account holder within tive (5) working days atter receipt of the claim to:

The Head **Financial Stability Department Bank of Ghana**

NB: A validated claim would be paid by the Bank of Ghana into the clearing account of the Bank/SDI that originally submitted the funds to the Bank of Ghana