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 you form faster.*

1 your full name

title

date of birth (essential) D D M M Y Y Y Y

surname

forenames in full

2 your current address

address

town/city

Postcode is essential.

postcode

tel no

preferably a mobile

3 previous name(s) and/or address(es)

Only complete this section for holdings in your name.

Please list any other name by which you have been known (eg name before marriage)

title

surname

forenames in full

What addresses have you lived at since the holding was opened? (Use a separate sheet if necessary.)

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

dates D D M M Y Y Y Y to D D M M Y Y Y Y

address 2

Postcode is essential.

postcode

dates D D M M Y Y Y Y to D D M M Y Y Y Y

4 which account(s) or investment(s) do you want us to trace?

- ☒ Capital Bonds
- ☒ Children's Bonus Bonds
- ☒ Deposit Bonds
- ☒ Direct Saver
- ☒ Easy Access Account
- ☒ FIRST Option Bonds
- ☒ Fixed Rate Savings Bonds
- ☒ Guaranteed Equity Bonds
- ☒ Guaranteed Growth Bonds
- ☒ Guaranteed Income Bonds
- ☒ Income Bonds
- ☒ Investment Account
- ☒ ISA
- ☒ Ordinary Account
- ☒ Pensioners Bonds
- ☒ Premium Bonds
- ☒ Savings Certificates
- ☒ Yearly Plan
- ☒ Any other Product

Account/Holder's number or Bond/Certificate number (if known)

5 when was the holding opened – approximately?

date D D M M Y Y Y Y

don't know ☒

6 what was the value – approximately?

£

don't know ☒

please continue overleaf and sign ▶

7 is the holding in your name?

yes ☐ If yes, please complete 9a and 9b below

no ☐ If no, please complete 8a, 8b and 9a below **(please note, you must be legally entitled to act on the other person's behalf)**

8a holdings in other people's names

What do you believe was the full name on the holding? (If you do not know the exact name, please give as much information as possible, and in particular all first names including middle names, and any maiden name.)

title

date of birth (essential) D D M M Y Y Y Y

surname

forenames

Please list any other name by which the holder has been known (eg name before marriage)

surname

forenames

8b 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.

What addresses has the holder lived at since the holding was opened? (Use separate sheet if necessary.)

address 1

postcode

dates D D M M Y Y Y Y to D D M M Y Y Y Y

address 2

postcode

dates D D M M Y Y Y Y to D D M M Y Y Y Y

is the holder still alive?

☐ yes We will need the written authority of the holder before we can disclose information to you or another third party.

☐ no Please state your relationship to the holder and the date of death, and indicate whether you have any of these documents:

☐ death certificate

☐ probate ("confirmation" in Scotland)

copy of Will ☐

☐ lawyer's letter advising of the relevant Will terms

Please do not send these documents or copies at this stage.

relationship to holder

D D M M Y Y Y Y date of death

9a your signature

Once you have answered as many questions as you can ***please sign and date in the presence of a witness, who also needs to sign and date. The witness cannot be a family member.***

Declaration: I confirm that the information I have provided above is correct. If I am applying on behalf of another investor, I have the authority to do so.

We will use the personal information provided to deal with your claim. We may retain claimants' details for regulatory and our own business requirements. We will not use this information for marketing purposes.

signature

date D D M M Y Y Y Y

signature of witness

date D D M M Y Y Y Y

9b name and address of witness

name

address

postcode

10 what to do next

- Make sure your form is fully completed, signed and dated.
- Send your form to **Tracing Service, National Savings and Investments, Glasgow, G58 1SB**

Thank you