Non Personal Dormant Account Reclaim

Not to be used for personal customers

NatWest

The Bank is required to obtain a sufficient understanding of the ownership and control of the company and to verify the identities of Key Individuals when dealing with a Dormant Account reclaim. This enables us to comply with our regulatory responsibilities. The information requested in this form is necessary to undertake those enquiries. You must notify any parties named in this form that their information has been supplied to us for this purpose. Please ensure that any corrections / amendments to answers are initialled prior to sending to the Bank and please ensure all pages are returned even if they are not used.

To: NatWest, 1 Spinningfields Square, Manchester, M3 3AP

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete in BLOCK CAPITALS. For documents requiring certification, this can be done in branch or via a Notary office.

1. Organisation / company details

Full registered name of your organisation / company

Registered company address:

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Is the entity regulated by a Governing Body? Yes ☐ No ☐

If 'Yes', please state which Governing Body:

Does the organisation/company have a different trading name? Yes ☐ No ☐

If 'Yes', please state the full trading name of organisation / company

Does the organisation / company have an alternative Trading or operational business address? Yes ☐ No ☐

If 'Yes', please provide details of the main business/trading address:

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

2. Please specify organisation type

Limited Company	☐	Please complete section 2.1
Limited Liability Partnership (LLP)	☐	Please complete section 2.1
Publicly Listed Company	☐	Please complete section 2.1
Limited Partnership (LP)	☐	Please complete section 2.1
Charity	☐	Please complete section 2.2
Trust	☐	Please complete section 2.3
Club or Society	☐	Please complete section 2.4
Sole Trader	☐	Please complete section 2.5
General Partnership	☐	Please complete section 2.6
Occupational Pension Scheme	☐	Please Proceed to Section 3 (see page 16)
Churches/Church Bodies	☐	Please Proceed to Section 3
Local Authority/Public Body	☐	Please Proceed to Section 3
Financial Institution	☐	Please Proceed to Section 3

2.1 Limited Company / LLP / Publicly Listed Company additional information

Companies House registration number / regulator number

Is this company based in the UK? Yes ☐ No ☐

Please confirm which country the company is based in:

Is the company / organisation in liquidation? Yes ☐ No ☐

Has the company / organisation been dissolved? Yes ☐ No ☐

Please specify the date of the beginning of Limited Company Trading Activity: (DD/MM/YYYY)

Please specify the date Limited Company activity ceased: (if applicable) (DD/MM/YYYY)

Please proceed to section 3

2.2 Charity additional information

Is the charity still in existence? Yes ☐ No ☐

Does the charity have a registration number? Yes ☐ No ☐

If 'Yes', please provide Registered Charity Number:

Is the charity registered on a Companies House? Yes ☐ No ☐

If 'Yes', please provide Companies House Number:

If answered 'YES' to all questions, please proceed to section 3.

If answered 'NO' to one or more questions, please also complete section 2.3 (if a charitable trust) or 2.4 (if a club or Society).

2.3 Trust additional information

Please confirm that a **certified** copy of the trust deeds and **ALL** amendment deeds have been attached to this form — Yes ☐ No ☐

If you are unable to provide us with a copy of the Trust Deeds and all deeds of amendments, please be advised that additional requirements will be requested at a later stage.

Please proceed to section 3

2.4 Club or Society additional information

Does the club or society have a constitution? — Yes ☐ No ☐

If 'Yes', please can you confirm that a copy of the constitution has been attached to this form — Yes ☐ No ☐

If 'No', please confirm that a copy of any supporting documentation confirming the existence of the club or society (e.g. meeting minutes / membership letter) — Yes ☐ No ☐

If you are unable to attach any supporting documentation to confirm existence of the club or society, please justify why:

Please proceed to section 3

2.5 Sole Trader additional information

Please specify the date of the beginning of Sole Trading Activity: ☐ (DD/MM/YYYY)

Please specify the date Sole Trading activity ceased: (if applicable) ☐ (DD/MM/YYYY)

Please attach one of the following documents to verify existence of Sole Trader (Please tick to confirm type of documentation attached):

Evidence of Membership of a Regulatory Body or a relevant Professional or Trade Association; ☐

OR

Certified copy of a utility bill in trading name; ☐

OR

A copy of the latest accounts or tax return, where they exist – the accounts / tax return do not need to be audited but will need to be certified. ☐

If no documentation is available, please justify why:

Please proceed to section 3

2.6 General Partnership additional information

Please specify the date of the beginning of General Partnership Trading Activity: (DD/MM/YYYY)

Please specify the date General Partnership activity ceased: (if applicable) (DD/MM/YYYY)

Please attach one of the following documents to verify existence of the Partnership (Please tick to confirm type of documentation attached):

Evidence of membership of a regulatory body or relevant professional or trade association ☐

OR

A certified copy of the Partnership Agreement / Deed confirming the partnership's name, formation date and partners. ☐

OR

Certified copy of a utility bill in trading name ☐

OR

Certified copy of document evidencing VAT registration ☐

OR

Certified copy of HMRC notification of partnership registration / Certified business tax return ☐

OR

A certified copy of the latest financial accounts, where they exist – the accounts do not need to be audited. ☐

If no documentation is available, please justify why:

Please proceed to section 3

3. Original organisation account details (of the now dormant account)

Full account name

Account holding branch

Account number Sort code

4. Main Key Individual and Follow Up Contact

This section is mandatory and must be completed to process your claim

Please refer to guidance notes on the final page before completing the Key Individual information below – this will help you identify the Key Individuals in your organisation or company. Details of all Key Individuals including current residential address must be provided.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5. Additional Key Individuals (if applicable)

5.1 Additional Key Individual 1

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name

Middle name(s)

Surname

Date of birth (DD/MM/YYYY)

Nationality/ies

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory)

Key Individual's mobile number

Key Individual's email address

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify):

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5.2 Additional Key Individual 2

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5.3 Additional Key Individual 3

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5.4 Additional Key Individual 4

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5.5 Additional Key Individual 5

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

5.6 Additional Key Individual 6

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____ (Please specify)

First name _____

Middle name(s) _____ _____

Surname _____

Date of birth _____ (DD/MM/YYYY)

Nationality/ies _____

_____

_____

Current residential address of Key Individual:

Please note, if residential address is based outside of the United Kingdom, please enclose a certified copy of Key Individual's ID

Address line 1 _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____ _____

In the event that we need to contact you for further information, please indicate your preferences:

Preferred method of contact: Telephone ☐ Post ☐ Email ☐ SMS ☐

Telephone contact is operational between 8am and 6pm GMT

Key Individual's contact telephone (Mandatory) _____

Key Individual's mobile number _____

Key Individual's email address _____

Key Individual's relationship with the organisation (please select all applicable options):

Director	☐	Sole Trader / Proprietor	☐	Significant Controller	☐
Beneficial Owner / Shareholder	☐	Settlor (for Trusts)	☐	General Partner (for Limited Partnership)	☐
LLP Member	☐	Trustee (for Trusts)	☐	Limited Partner (for Limited Partnership)	☐
Officer or Equivalent (Clubs, Societies and Charities)	☐	Beneficiary (for Trusts)	☐	Individual with power to appoint/remove trustees (for Trusts)	☐
Partner (for General Partnerships)	☐	Protector / Controller (for Trusts)	☐		

Other (please specify): _____

Is the Key Individual a signatory for the specified entity? Yes ☐ No ☐

6. Dispersal instructions

Please confirm your preferred payment dispersal method (**Select one option only**):

Credit another bank account ☐ Please complete section 6.1 only

Foreign Payment ☐ Please complete section 6.3 only

6.1 Credit another bank account:

An existing/new NatWest account ☐

An account at another bank ☐ Please specify which financial institution the bank account is held with:

If selecting either of the above options, please provide the following

Account number Sort code

Beneficiary details:

First name

Middle name(s)

Surname

Date of birth (DD/MM/YYYY)

Beneficiary address:

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Ensure that full and complete names are listed. Any witheld names can result in delays to the reclaim process.

Account information must match one of the Key Individuals specified in this form.

OR

6.2 Foreign payment: (completed payment and authorised forms attached) ☐

- Please provide the following details for Foreign Payment Dispersal on page 17 (Additional Information):
  - the bank name and full address
  - the full name and address of the beneficiary account holder(s)
  - the account number and sort code
  - any SWIFT/BIC/BSB/Routing numbers (where appropriate)
  - any IBAN numbers (where appropriate)
- Please note that overseas payments will incur charges. Please refer to www.natwest.com for up-to-date charges details.

7. Confirmation and agreement for use of personal information

We participate in the Unclaimed Assets Scheme established under the Dormant Bank and Building Society Accounts Act 2008. The purpose of the scheme is to enable money in dormant accounts (i.e. balances in accounts that have been inactive or dormant for 15 years or more) to be distributed for the benefit of the community while protecting the rights of customers to reclaim their money.

Under the scheme, we may transfer balances of dormant accounts to Reclaim Fund Ltd (RFL). RFL is a not-for-profit reclaim fund which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

If we transfer the balance of your account to RFL, you will have against RFL whatever right to payment of your balance you would have had against us if the transfer had never happened. However, we will remain responsible for managing all aspects of the customer relationship with you and for handling all repayment claims (which we will do on behalf of RFL). RFL does not hold customer information or records in relation to transferred dormant account balances and therefore you should continue to contact us by visiting your branch if you have any queries or complaints in relation to your account or balance.

Both we and RFL participate in the Financial Services Compensation Scheme (FSCS). The transfer by us to RFL of your balance will not adversely affect any entitlement you have to compensation from the FSCS.

To enable us to complete our due diligence enquiries and release the funds held, this form must be signed by the claimant and where more than one Key Individual exists, a minimum of TWO appropriately authorised Key Individuals as detailed on this form.

In order to prevent and detect fraud and/or money laundering, the information provided in this application may be checked with fraud prevention agencies. If fraud is identified or suspected details may be recorded with these agencies to prevent fraud and money laundering.

If we, or a fraud prevention agency, determine that you pose a fraud or money laundering risk, we may refuse to provide the services and financing to you. We may obtain information about any directors, beneficial owners, and other parties set out in this form from Group records and other third parties for these purposes.

By signing:

- You confirm the details provided are correct.
- You will notify any third parties named in the form that their information will be used in the way described on the form.
- **You confirm that all KPs, Signatories, Ultimate Beneficial Owners and Significant Controllers are included in this document**.

Main Key Individual and follow up contact signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 1 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 2 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 3 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 4 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 5 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

Additional Key Individual 6 signature:

Name (in full) _____

Date of signature (DD/MM/YYYY) _____

National Westminster Bank Plc. Registered in England and Wales No. 929027. Registered Office: 250 Bishopsgate, London EC2M 4AA. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Firm Reference Number 121878.

8. Branch / Business Unit / RCSC details (To be completed by NatWest branch staff only)

Initiating Branch / RCSC / Business Unit / RST	
Sort code	
Name of staff member dealing with claim	
ISV number	

Please note this must be the same as that on the certified documents.

Staff email address	

If Business Unit/Relationship Manager please indicate sector: Business & Commercial ☐ CIB ☐

Please use the table below to identify the required documents for each of the organisation types.

Please ensure that forms are only sent when all necessary documents have been certified and attached. For Clubs or Societies / Sole Traders / General Partnerships please circle which documents have been certified and attached.

Organisation type	Documents	Please tick to indicate organisation type
Limited Company	N/A	☐
Limited Liability Partnership (LLP)	N/A	☐
Publicly Listed Company	N/A	☐
Charity	N/A	☐
Trust	Certified copy of the trust deed and **ALL** amendment deeds.	☐
Club or Society	copy of the constitution **OR** a copy of any supporting documentation confirming the existence of the club or society	☐
Sole Trader	**One of the following**: Evidence of Membership of a Regulatory Body or a relevant Professional or Trade Association OR Certified copy of a utility bill in trading name OR A copy of the latest accounts or tax return, where they exist – the accounts / tax return do not need to be audited but will need to be certified.	☐
General Partnership	**One of the following**: Evidence of membership of a regulatory body or relevant professional or trade association OR A certified copy of the Partnership Agreement / Deed confirming the partnership's name, formation date and partners OR Certified copy of a utility bill in trading name OR Certified copy of HMRC notification of partnership registration / Certified business tax return OR Certified copy of document evidencing VAT registration OR A certified copy of the latest financial accounts, where they exist – the accounts do not need to be audited	☐
Occupational Pension Scheme	• A print out from the HMRC website, provided by the Scheme, Administrator, demonstrating the Scheme's registration with HMRC. • A scheme return from The Pensions Regulator, which includes the scheme's PSR number, • An invoice from The Pensions Regulator, bearing the scheme's PSR number, • Direct confirmation from HMRC or the Pensions Regulator that the scheme is registered, • Correspondence between the customer and HMRC or the Pensions Regulator, which demonstrates the scheme's registered status (certified a true copy of the original, in line with certification standards).	☐
Local Authority / Public Body	N/A	☐
Any other Significant Controllers	N/A	☐

Additional information (For example, previous addresses if resident at current address for less than 3 years)

Non Personal Dormant Account Reclaim

Guidance Notes

Please use the table below to identify the Key Individuals in the organisation / company whose information should be included within the Non Personal Dormant Account Reclaim form.

Organisation Type	**The following individuals' details should be entered on the Review of Customer Information Form**
Limited Company	Directors and Ultimate Beneficial Owners
Limited Liability Partnership (LLP)	Members These are: Designated LLP Members and Ultimate Beneficial Owners
Publicly Listed Company	Directors and Ultimate Beneficial Owners
Charity	Officers
Trust	All: Settlors; Trustees; Beneficiaries; Protectors and/or; Controllers (Protector/Controller if exists) also individuals with power to appoint/remove trustees
Club or Society	Officers
Sole Trader	Sole Trader
General Partnership	Partners
Occupational Pension Scheme	Trustees Trustees and Principal Employer (if it is limited company, the individuals as per limited company)
Local Authority / Public Body	Board of Directors or equivalent.
Any other Significant Controllers	Any individual or body that holds significant influence or control over the entity. Examples of significant controllers include: Power of Attorneys, silent partners, Guardians etc.

For all Key Individuals.

Glossary

Beneficial Owner: An individual owning or controlling 25% or more of an organisation/business. An individual entitled to 25% or more of a trust's capital or assets.

Officer/Controller: An individual with the authority to exercise control over the organisation.

Trustee: A person or organisation appointed under a trust who administers the affairs of the trust.