

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE LIEUTENANT GOVERNOR  
DIVISION OF BANKING AND INSURANCE**

**CLAIM OF ABANDONED PROPERTY**

The Claim of Abandoned Property is made pursuant to Title 28, Chapter 29 Virgin Islands Code.

Owner's Name: \_\_\_\_\_

Social Security No./EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account No.: \_\_\_\_\_ Safe Deposit Box No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Amount: \_\_\_\_\_

Description of Contents: \_\_\_\_\_

\_\_\_\_\_

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The following documents are attached in support of this claim:

- |   |  |
|---|--|
| <input type="checkbox"/> Passbook               | <input type="checkbox"/> Affidavit of Lost Instrument  |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Bank Certificate of Ownership |
| <input type="checkbox"/> Safe Deposit Receipt   | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Picture I.D.           |  |

**DATE:** \_\_\_\_\_ **CLAIMANT'S SIGNATURE:** \_\_\_\_\_

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For Office Use Only

Listing No: \_\_\_\_\_ Year: \_\_\_\_\_ Page No.: \_\_\_\_\_

The claim has been allowed    The claim has been denied:    In Whole/In Part

Director of Banking and Insurance  
On behalf of the Abandoned Property Administrator

\_\_\_\_\_  
Signature