

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

**CLAIM OF ABANDONED PROPERTY
(By Power of Attorney)**

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

Owner's Name: _____

Name of Claimant By Power of Attorney: _____

Social Security No./EIN
(of Claimant by Power of Attorney) _____

Mailing Address _____

Telephone Number: Home: _____ Work: _____ Other: _____

Name of Institution _____

Account No.: _____ Safe Deposit Box No.: _____

Policy No.: _____ Certificate No.: _____

Amount: _____

Description of Contents: _____

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"/> Copy of Power of Attorney |
| <input type="checkbox"/> Picture I.D. | <input type="checkbox"/> Other |

DATE: _____ CLAIMANT'S SIGNATURE: _____
(Authorized by Power of Attorney)

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