

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION

CLAIM OF ABANDONED PROPERTY

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

Owner's Name: _____

Mailing Address: _____

Claimant's Name: _____

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

Name of Institution: _____

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

Policy No.: _____ **Certificate No.:** _____

Amount: \$ _____

Contents Description: _____

The following documents are attached in support of this claim:

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

DATE: _____ **CLAIMANT'S SIGNATURE:** _____

*******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 Division of Banking, Insurance and Financial Regulation
On behalf of the Abandoned Property Administrator

Signature