

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

**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

CLAIMANT'S SIGNATURE:

DATE: _____ (Authorized by Power of Attorney) _____

For Office Use Only

Listing No: _____ Year: _____ Page No.: _____

<input type="checkbox"/> The claim has been allowed	<input type="checkbox"/> The claim has been denied:	<input type="checkbox"/> In Whole/ <input type="checkbox"/> In Part
---	---	---

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

Signature