

**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) \_\_\_\_\_

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

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Signature