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:

❑	Passbook	❑	Affidavit of Lost Instrument
❑	Certificate of Deposit	❑	Bank Certificate of Ownership
❑	Safe Deposit Receipt	❑	Copy of Power of Attorney
❑	Picture I.D.	❑	Other

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

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