

SIXTH SCHEDULE (Regulation 11)
UNCLAIMED FINANCIAL ASSETS – ORIGINAL OWNER(S) CLAIM

FORM 4A

DATE STAMP

1	Asset code or a brief description of the asset you are claiming	
	Original Asset Owner's Name	
	Original Asset Owner's Identification Number and KRA PIN Number	
	Original Unclaimed Asset Owner's Address as reported by the Holder <input type="checkbox"/> Unknown	

2	Claimant's Name <input type="checkbox"/> Same Above		
	Claimant's Identification Number and KRA PIN Number Same as above <input type="checkbox"/>	Claimant's Date of Birth	
	Email Address	Telephone Number	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	City/Town, Post Code, County		
	Joint owner's Name	<input type="checkbox"/> Not Applicable	
	Joint Owner's Identification Number and KRA PIN Number Same as above <input type="checkbox"/>	Joint Owner's Date of Birth	
	Email Address	Telephone Number	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	City/Town, Post Code, County		

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In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.

SIGNATURE _____

DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____

(NOTARY SEAL)

BY: _____
 COMMISSIONER OF OATHS