



Forfeited Funds Claim Form

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|----------------------|---|---|
| Full Name: | Surname | First Names |
| | Date of Birth | CINSF Membership Number |
| Address: | Residential (include country) | |
| | Postal (if different from above) | |
| Contacts: | Email Address | Phone Numbers (include country codes) |
| | Date departed Cook Islands | CINSF employee payment amount received on departure |
| Claim Info: | Passport Number | Country of Issue |
| | Date of Expiry | |
| Passport: | Utility Provider Name eg Phone or Power company | Utility Account Number |
| | Name of Bank (include country) | Branch Location |
| Billing Info: | Name of Account | Account Number |
| | Swift Code | |
| Bank: | | |

I hereby declare the information i have provided above is true and correct and that the documents submitted with this application have not been altered or created for the purposes of making a false claim.

SIGNED DATE

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED BEFORE A CLAIM CAN BE STARTED:

- o FULLY COMPLETED AND SIGNED CLAIM FORM
- o CERTIFIED COPY OF ORIGINAL PASSPORT (INCLUDE DETAIL OF JUSTICE OF THE PEACE, SOLICITOR, OR COURT OFFICIAL)
- o CERTIFIED COPY OF UTILITY OR ACCOUNT BILL (SHOWING YOUR NAME AND ADDRESS TO VERIFY YOUR DETAILS)
- o CERTIFIED COPY OF BANK STATEMENT (THE ACCOUNT FUNDS ARE TO BE CREDITED TO)

Office Use only:

Received by:..... Authorised Signature: :..... Scan & Send to LINK:.....