

Forfeited Funds Claim Form

Full Name:
Surname First Name(s)

.....
Date of Birth CINSF Membership Number

Address:
Residential (include country)

.....
Postal (if different from above)

Contacts:
Email Address Phone Numbers (include country codes)

Claim Info: \$.....
Date departed Cook Islands CINSF employee payment amount received on departure

Passport:
Passport Number Country of Issue

.....
Date of Expiry

Billing Info:
Utility Provider Name eg Phone or Power company Utility Account Number

Bank:
Name of Bank (include country) Branch Location

.....
Name of Account Account Number

.....
Swift Code

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:

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

Office Use only:

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