

Unclaimed Monies Claim



Bankwest, a division of Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL/Australian credit licence 234945

! Important information

To lodge a claim for unclaimed money, you need to complete this form using BLOCK letters and an ink or ballpoint pen and check that your details are correct.

The information in this form is required by Bankwest to assess your application of the unclaimed money. If successful, the information collected will be provided to ASIC to arrange for the release of the unclaimed money. Without this information, we may not be able to consider your application. You may request access to your information by calling 13 17 19.

You must provide sufficient identification and we may contact you for further information if necessary.

Section 1 – Customer details

Full name of account	OTN	Daytime contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current postal address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous postal address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

! OTN is a unique number issued by ASIC to identify the unclaimed money record and must be provided before ASIC will accept an unclaimed money form. Go to <http://www.moneysmart.gov.au/tools-and-resources/find-unclaimed-money> to locate your OTN.

Section 2 – Details of account held in Unclaimed Monies

Store account held at	BSB	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card number	<input type="text"/>	
<input type="text"/>		

Section 3 – Payment instructions

Credit funds to Account: Account name	BSB	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

! Account to be credited must be an active Australian Bank Account.

Please note: All claims \$500 and over will be paid by the Commonwealth Bank of Australia.

Section 4 – Declaration by account holder

I/we declare that I/we are the rightful owner of the unclaimed money which is the subject of this claim, and the information and contents of this claim and information provided in support this claim are, to the best of my knowledge, true and correct. I/we request Bankwest to act on our behalf for the recovery of the unclaimed money. **NOTE: It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to give false or misleading information or documents.**

Full name	Full name
<input type="text"/>	<input type="text"/>
Signature of customer/claimant	Signature of customer/claimant
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Section 5 – Store use only

Did you receive this claim from a 3rd Party Recovery Agent/Investigator?

- Account balance
- Yes - Attach all agent/investigator correspondence & ensure payment instructions indicate proceeds to be forwarded to the agent investigator.
- Customer(s) signature(s) verified to account records of the account held (account authority) or ID provided.

Year account was transferred to Unclaimed Monies (this can be obtained from the account closure date):

Completed by	Date	Authorised by manager	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please send completed form to Processing Services. Fax: 1300 664 825

If you have any further questions, please visit www.bankwest.com.au/unclaimedmoney, your local Bankwest store or call 13 17 19.