



Post Office Savings Account Reclaim Form

Request to reclaim funds from Post Office Savings Account:

Complete, sign and date this form and send to us at:

Post Office Savings Accounts, PO Box 87, Armagh BT61 OBN

1st Account Holder Name:	
2nd Account Holder Name:	
(If joint account held)	
Current Address:	
Telephone Number:	
Email Address:	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> Contact Number

Former Address:	
(If applicable)	
Account Holder Signature:	
2nd Account Holder:	
(If joint account held)	
Account Number:	<input type="checkbox"/> Don't Know <input type="checkbox"/>
Sort Code:	<input type="checkbox"/> Don't Know <input type="checkbox"/>

What type of account
is/was it?

On what date was
the account opened:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

On what date was the
account last used:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

What was the
approximate balance
on the account:

£

--	--

 ,

--	--	--

 .

--	--

If you are a representative of the account holder please provide your contact details below

Name:

Address:

Contact Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address:

Preferred
Contact Method:

--

Email

--

Contact Number