

FUNDS RECLAIM FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND ATTACH SELF CERTIFIED ID COPIES

Reclaim Request by

☐ Branch ☐ Email ☐ Post

Branch of Primary Account:

Date : _____

Customer Details

Customer ID(s)

Address

Primary Account Holder Name/ Business Account Name

Joint Holder 1 Name/ Authorised Signatory Name

Joint Holder 2 Name/ Authorised Signatory Name

Joint Holder 3 Name Authorised Signatory Name

Postcode

Contact Number (Including Area Code)

Email Address

For any further applicants please complete another form (Customer Details section only).

Account Details

I/We request to reclaim funds from my/our Primary Current/Savings and all linked Current/Savings/Deposit Accounts.

Primary Account Number

☐ I/We request for my/our Fixed Term Deposit accounts to remain open, (Please tick box)
Please provide alternative account details for monthly/annual interest payments (if applicable)

Account Numbers

☐ I/We request for all my/our Fixed Term Deposit accounts to be closed, (Please tick box)

Payment Details

I/We request all funds from the accounts listed in the Account Details section to be transferred to the details provided below.

☐ **UK Bank Account**

Account Name

Sort Code

Bank Name

Account Number

☐ **International Bank Account**

Account Name

Intermediary Bank Details (if applicable)

Bank Name

IBAN (International Bank Account Number)

Branch Name

SWIFT Code (or IFSC)

NOTE:*Please note the funds can only be transferred to an account in your own name.

**Charges may apply to transfer of funds. Please refer to the Service Charges section on our website (www.bankofbarodauk.com > Download Forms > Schedule of Charges) or ask a member of staff.

Authorisation (Subject to Mode of Operation)

By signing this form, I/We are authorising Bank of Baroda (UK) Limited to reclaim funds from my/our accounts and transfer to the account details provided, in the Payment Details section.

Primary Account Holder/ Authorised Signatory Name

Joint Holder 1/ Authorised Signatory Name

Primary Account Holder/Authorised Signatory Signature

Joint Holder 1/ Authorised Signatory Signature

Joint Holder 2/ Authorised Signatory Name

Joint Holder 3/ Authorised Signatory Name

Joint Holder 2/ Authorised Signatory Signature

Joint Holder 3/ Authorised Signatory Signature

Staff Use only (Branch)

Staff Maker Name

Staff Checker Name

Staff Maker Signature

Staff Checker Signature

Employee ID Number

Employee ID Number

Please indicate which **administrations** have been completed:

- ☐ All information on this form has been accurately captured.
- ☐ If the Reclaim Form is received by Email or Post, the Call Back is evidenced.
- ☐ Interest calculated and credited/debited till date.
- ☐ All applicable charges are recovered
- ☐ Valid customer KYC ID - self certified copies retained (For All Holders)
- ☐ Valid customer Proof of Address (For All Holders) - self certified copies retained **or**
- ☐ Call Validate performed and result is Pass. Evidence retained (Where applicable)
- ☐ Dow Jones Performed for all account holders
- ☐ Account Review Completed (where applicable)
- ☐ All Exception Approvals obtained and retained
- ☐ Customer Details to be updated **d** on CBS by BGSS YES ☐ NO ☐
- ☐ The form is signed as per the mode of operation stated on our records and reclaim instructed accordingly.
- ☐ Payment executed as per customer instructions, account balance is NIL. Funds Transferred to Named parties only.