



**BANK OF GHANA**  
FINANCIAL STABILITY DEPARTMENT

**DORMANT ACCOUNT FUNDS CLAIM FORM**

**Part A: Claimant Information**

*This section should be completed by the person(s) making the claim (either the dormant account holder or the legal representative). By providing the following information, you mandate the Bank of Ghana and the reporting institution to carry out independent validation of the information.*

Are you the Account Holder?  YES  NO

1. First Name \_\_\_\_\_ 2. Middle Name \_\_\_\_\_ 3. Surname \_\_\_\_\_

4. Address: \_\_\_\_\_ 5. Telephone No. \_\_\_\_\_

6. Relationship with Dormant Account Holder (e.g. Executor, Mother, Father, Son, etc.) \_\_\_\_\_ 7. National ID \_\_\_\_\_

8. Evidence provided for Relationship (tick if applicable)  Probate/LA  Other Legal Instrument.  Power of Attorney \_\_\_\_\_ 9. Email Address \_\_\_\_\_

9. Which of the following documentary evidence do you have in respect of the account (tick applicable)  Passbook  Bank Statement  Letters  Publication  Other: .....

10. Reason for making the Claim: (tick if applicable)  Account Holder Deceased  Account Holder Incapacitated  Others: .....

11. Claimant Signature: \_\_\_\_\_ 12. Date: \_\_\_\_\_

**Part B: Dormant Account Holder Information**

*Provide the following information about the dormant account holder*

13. Account Name: \_\_\_\_\_ 14. Account Number: \_\_\_\_\_

15. Name of Bank/SDI: \_\_\_\_\_ 16. Branch: \_\_\_\_\_

17. ID Type/Number/Buss Reg. No.

\_\_\_\_\_

18. Date of Birth:

\_\_\_\_\_

19. Address:

\_\_\_\_\_

20. Telephone No.

\_\_\_\_\_

21. Claim Amount

Currency	Amount
GHS	_____
USD	_____
GBP	_____
EUR	_____
Other (Specify)	_____

### Part C: Validation by Bank/SDI

*This section is to be provided by the bank/SDI presenting the claim on behalf of the dormant account holder or claimant.*

We confirm that the above information provided by the claimant/account holder has been validated as per the account information available to the bank/SDI and supporting documents.

1. Name of Bank Representative:

Position:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

2. Name of Bank Representative:

Position:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

This form should be submitted by the Bank/SDI with all supporting documents on behalf of the claimant/dormant account holder within five (5) working days after receipt of the claim to:

**The Head  
Financial Stability Department  
Bank of Ghana**

NB: A validated claim would be paid by the Bank of Ghana into the clearing account of the Bank/SDI that originally submitted the funds to the Bank of Ghana