

NO. 40 OF 2011

THE UNCLAIMED FINANCIAL ASSETS ACT

SUBSIDIARY LEGISLATION

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THE UNCLAIMED FINANCIAL ASSETS REGULATIONS

[Legal Notice 13 of 2016]

PART I – PRELIMINARY

1. Citation

These Regulations may be cited as the Unclaimed Financial Assets Regulations, 2016.

2. Interpretation

In these Regulations, unless the context otherwise requires—

"account" means a deposit account, savings account or current account by whatever name called;

"abandoned property" means assets that appear to have been forsaken by their owner by virtue of no generated activity and to which it is presumed the owner has relinquished his or her interest to the property without vesting such interest in another person or entity;

"agent" means a person who is either the attorney-in-fact for the living owner, or the court appointed guardian, custodian, conservator or fiduciary of the living owner, or a Trust that is registered for and on behalf of an owner or a beneficiary, or the court-appointed bankruptcy trustee for the living owner, or the custodial parent of the living owner of the asset being claimed, who is a minor;

"certificate" means proof of ownership, physical or electronic, of property;

"certified copy" means a copy of a document certified by a Commissioner for Oaths, notary public, magistrate or judge to be a true copy of the original document;

"claimant" means a person who claims ownership of an unclaimed financial asset;

"document" means accounts, deeds, letters, writings, books and any other record of information, however compiled, recorded or stored and whether in electronic, written or printed form, on microfilm or in any other form;

"record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form;

"safe deposit box" means a secure container, lockable box, locker, safe, vault or drawer maintained by a holder on behalf of an owner for the purpose of retaining personal assets of the owner and may include sealed parcels and envelopes; and

"valuer" means a registered valuer under the Valuers Act (Cap. 532) and, unless otherwise stated, words and expressions contained in the Act shall have the same meaning in these Regulations.

PART II – REPORTS AND TRANSFER OF ASSETS

3. Deposit for utility services

In accordance with section 9 of the Act, the following unclaimed monies held or owing by utilities shall be deemed abandoned property—

- (a) any deposit made by the consumer or subscriber with such a utility to secure the payment for utility services furnished by such utility, or the amount of such deposit after deducting any sums due to such utility by such consumer or subscriber, which shall have remained unclaimed by the person entitled thereto for two years after the termination of the utility services to secure the payment of which such deposit was made;
- (b) any amount paid in advance by the consumer or subscriber to such a utility in anticipation of the supply of a utility service; which the utility defaults in supplying, which shall remain unclaimed for two years;

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- (c) any amount which is the balance of money paid in advance for a utility service to a utility part of which is supplied by the utility; which shall remain unclaimed by the owner for two years; and
- (d) the amount of any refund of excess or increased rates or charges collected by any such utility for utility services lawfully furnished by such utility which has been or shall hereafter lawfully be ordered refunded to the consumer or other person entitled thereto, which shall have remained unclaimed by the person entitled thereto for two years from the date it became payable in accordance with the final determination or order providing for such refund.

4. Delivery of certificate

(1) Where an asset is evidenced by a share certificate, a holder of the asset shall deliver a certificate to the Authority as set out in the Eleventh Schedule.

(2) Where the share certificate is dematerialized, the delivery date is the date the asset is credited to the account of the Authority.

(3) A holder of shares shall establish and maintain a register of inactive shareholders, and shall avail a certified copy of inactive shareholders register of the company when required to do so by the Authority.

5. Report of presumed abandoned assets; duties of assets holder

(1) In accordance with section 20 of the Act, a holder shall file a report with the Authority as set out in the First, Second, Third, Twelfth and Sixteenth Schedules and in the case where the unclaimed asset is in a safe deposit box, the holder shall file a report as set out in the Fourth Schedule.

(2) The report specified in paragraph (1) shall be submitted to the Authority on or before the first day of November of each year for the twelve month period ending on the immediately preceding thirtieth day of June.

6. Opening of, and determining the contents of a safe deposit box

(1) Upon receiving the report specified in regulation 5, the Authority shall, in consultation with the holder, set a date and time when the safe deposit box shall be opened.

- (2) The following shall be present at the opening of the safe deposit box—
- (a) a designated official or agent of the Authority;
 - (b) an authorised representative of the holder;
 - (c) a locksmith; and
 - (d) a valuer appointed by the Authority.

7. Assessment of value of safe deposit box contents

(1) The assets retrieved from the safe deposit box shall be—

- (a) recorded and the record endorsed by the persons specified in regulation 6(2); and
- (b) assessed by the valuer and the value indicated as set out in the Fifth Schedule

(2) Where a safe deposit box was opened before the commencement of this Act, the holder shall—

- (a) as set out in the Fifth Schedule record the contents of the safe deposit box; and
- (b) transfer the balance of the value and assets in his possession to the Authority.

(3) Non-financial assets shall not be transferred to the Authority and shall be managed in accordance with any other written law.

8. Costs of opening safe deposit box

(1) Where a safe deposit box is forced open, the Authority shall bear the cost of the forced opening of the box and the repair of the box.

(2) A holder shall not claim a lien on the contents of a safe deposit box except for any amount owed by the owner of the safe deposit box.

9. Process of due diligence to trace owners or beneficiaries of life insurance or assurance policies

The Authority shall publish in the *Gazette* and in at least one newspaper of wide circulation a notice of the presumed loss of a life insurance policy or life assurance policy and indemnify the holder who shall have done due diligence in reporting to the respective regulator against any liability in relation to the loss of the policy.

10. Charges and deductions

(1) A holder shall not levy any charges on an asset unless the charges are expressly permitted under the Act or these Regulations.

(2) Where a holder has levied charges on an asset, that holder shall provide the following information with respect to the asset on which charges have been deducted—

- (a) income earned by the asset;
- (b) cost incurred on the asset; and
- (c) such other information as the Authority may require.

PART III – DEALING WITH UNCLAIMED FINANCIAL ASSETS, DUTIES OF HOLDERS AND CERTAIN POWERS OF THE AUTHORITY

11. Claim on assets

(1) A person who claims ownership of any asset held by the Authority shall submit the following documents—

- (a) a completed Form 4A, as set out in the Sixth, and Seventeenth Schedules, by the owner or Form 4B, as set out in the Seventh, Fourteenth, Fifteenth, Seventeenth and Eighteenth Schedules, by the beneficiary or Form 4D, as set out in the Seventh, Fourteenth, Fifteenth, Seventeenth and Eighteenth schedules, by the agent of the owner;
- (b) where the owner has changed, the new owner's name, a certified copy of the relevant notice in the *Gazette*;
- (c) any original document, where applicable, showing ownership of the asset to be claimed;
- (d) a certified copy of the claimant's national identity card or passport;
- (e) a deed of assignment or deed of nomination, where applicable; and
- (f) a certificate of summary administration issued under the Public Trustee Act / (Cap. 168), where applicable.

(2) Where the claimant is a business entity, the claimant shall submit a completed Form 4C as set out in the Thirteenth, Fourteenth, Fifteenth, Seventeenth and Eighteenth schedule and executed by an authorized person accompanied by certified copies of the following documents—

- (a) certificate of incorporation, or any other document of identity prescribed by any written law as the case may be;
- (b) certificate of change of name; and
- (c) personal identification number issued by the Kenya Revenue Authority.

(3) Where the claimant is not the owner but has or asserts a legal right to an unclaimed asset, the claimant shall submit to the Authority the following as set out in the Fourteenth and Fifteenth Schedules—

- (a) confirmation of grant letters of administration; or
- (b) confirmation of grant of probate; or
- (c) registered power of attorney; or

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- (d) a court order that establishes representation by reason of incompetence or incapacity; or
- (e) in case of a guardian, a deed in that regard.

(4) For purposes of ascertaining a claim, the Authority may seek further information from the claimant as set out in the Fourteenth and Fifteenth Schedules.

(5) The Authority shall within a period of sixty days from the date of submission of the claim with all the relevant documentation, notify the claimant of the Authority's decision regarding the claim.

12. Payment of claims

The Authority shall, in accordance with section 28 of the Act, where it is satisfied that the claimant has met the requirements of these Regulations and having satisfied itself that there are no disputes relating to the asset—

- (a) pay the owner;
- (b) where the claimant is a beneficiary or an agent, publish a thirty days' notice of no objection in the *Gazette*, at least two newspapers of wide circulation and on the Authority's website.
- (c) Where there is no dispute in relation to the publication of a notice of no objection in the *Gazette*, pay the claimant after fourteen days of the expiry of the notice.

13. Indemnity agreement

In accordance with section 45(3) of the Act, the Authority shall require a successful claimant to sign an indemnity agreement as set out in the Thirteenth Schedule.

14. Availability and access to information by the public

In accordance with section 27 of the Act, the Authority shall provide information to the public at a fee of one hundred shillings.

PART IV – UNCLAIMED FINANCIAL ASSETS TRUST FUND

15. Investment of funds

In accordance with section 48 of the Act, the Authority shall invest monies in the Fund which are not for the time being required to be applied for the purposes of the Fund as outlined in the following table—

No.	Categories of Assets	Maximum Investment
1.	Cash and Current Account/Demand Deposits, Savings Deposit, Call Deposit and Fixed Deposits in institutions licensed under the Banking Act of the Republic of Kenya.	10%
2.	Government securities and bonds.	90%

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FIRST SCHEDULE
HOLDER REPORTING INFORMATION

(r. 5)

FORM 1

PART I REPORT INFORMATION				DATE STAMP	
FILING DATE	REPORT PERIOD ENDING	COMPANY REGISTRATION NO.	PIN NUMBER		
TOTAL NO. OF ITEMS	TOTAL NO. OF SHARES	TOTAL NO. OF SAFE DEPOSIT BOXES	CHEQUE/RTGS/EFT NUMBER	AMOUNT	
PART II HOLDER INFORMATION					
THIS REPORT INCLUDES:					
<input type="checkbox"/>	ALL BRANCHES AND DIVISIONS	<input type="checkbox"/>	ALL SUBSIDIARIES	<input type="checkbox"/>	ONLY THIS COMPANY/BRANCH/DIVISION
NAME OF HOLDER			PLACE OF INCORPORATION		
POSTAL ADDRESS			DATE OF INCORPORATION		
CITY/TOWN, POSTAL CODE, COUNTY					
PRIMARY PLACE OF BUSINESS (CITY/TOWN, POSTAL CODE, COUNTY)					
PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER					

PART III PREVIOUS HOLDER INFORMATION

PREVIOUS COMPANY REGISTRATION NO. PIN DATE OF
NAME NUMBER CHANGE

OF

BUSINESS

PREVIOUS ADDRESS (STREET, TOWN, POSTAL CODE, COUNTY)

PART IV PRIMARY BUSINESS ACTIVITY INFORMATION

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PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION

PART V CONTACT PERSON

CONTACT PERSON	TITLE
PHONE NUMBER EXTENSION	EMAIL ADDRESS

PART VI AUTHORIZATION UNDER SECTION 20(2) OF THE ACT

I being the duly authorized officer of the Holder declare that I have examined the report of assets presumed unclaimed under the Unclaimed Financial Assets Act, 2011, and that the contents thereof are true, correct and complete, as of the stated date.

SIGNATURE DATE TITLE

NOTE: This verification, if made by a partnership, shall be executed by a partner; if made by an incorporated association or private corporation, by an officer, and if made by a public corporation, by its chief executive officer

PROCESSED BY: VERIFIED BY:

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SECOND SCHEDULE

UNCLAIMED ASSETS DETAILS

(r.5) UNCLAIMED ASSETS DETAILS

FORM 2 UNCLAIMED ASSETS DETAILS (IF ADDITIONAL SPACE IS REQUIRED, PLEASE DUPLICATE THIS FORM)			FILE THIS REPORT WITH YOUR REMITTANCE					PAGE NO _____ OF _____					DATE STAMP	
			COMPANY REGISTRATION & PIN NUMBER	HOLDER NAME						REPORT PERIOD ENDING 30TH JUNE				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
Item No.	Original Owner Name (List By Last Name, First Name, MI)	Owner Postal Address	Owner Physical Address City/Town, Code, County	Owner id/ Passport/ Nhid/Lap Trust/Nssf Number	Owner Date of Birth Ddmm yyy	Account Number /Cheque Number/ policy Number	Asset Description	Asset Code	Date Of Last Transaction Date Asset Became Payable, Redeemable, Or Returnable	Tick This Box if Interest Bearing Account	Tick Box For More Than One Owner	Amount Due Owner- Kshs.		

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THIRD SCHEDULE
REPORT OF MORE THAN ONE ASSET OWNER

(r. 5)

FORM 2A

Holder Name		Company/Registration Number		Grand Total Remitted		DATE STAMP
Item no.	Account Number	Cheque/RTGS/EFT Number		Asset Code/Type		
Cash amount remitted	Interest	Last activity date				
Owner's last name	Owner's first name/middle initial	Owner's mailing address				
City/Town, Postal Code	County	Owner's ID No.	Owner's (NHIF/NSSF/KRAPIN)	Owner's Email Address		
Owner's date of birth	Relationship code	No. of shares remitted	Security/Mutual Fund name	Date of Death		
COMPLETE THE FIELDS BELOW IF THERE IS MORE THAN ONE OWNER OF THE PROPERTY						
Additional owner's last name		Additional owner's first name/middle initial		Additional owner's ID No.		Relationship code
Additional owner's date of birth		Additional owner's date of death		Other information available		
Additional owner's Postal Address		Additional owner's Phone Number		Additional Owner Email Address		

Additional owner's last name Additional owner's first name/ middle initial Additional owner's ID No. Relationship code

Additional owner's date of birth Additional owner's date of death Other information available

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Additional owner's Postal Address	Additional owner's Phone Number	Additional Owner Email Address		
Additional owner's last name	Additional owner's first name/ middle initial	Additional owner's ID	Relationship code	
Additional owner's date of birth	Additional owner's date of death	Other information available		
Additional owner's Postal Address	Additional owner's Phone Number	Additional Owner Email Address		
Additional owner's last name	Additional owner's first name/ middle initial	Additional owner's ID	Relationship code	
Additional owner's date of birth	Additional owner's date of death	Other information available		
Additional owner's Postal Address	Additional owner's Phone Number	Additional Owner Email Address		

**Use this form only if COLUMN (L) of FORM 2 is ticked

**For Insurance companies please provide policy numbers

**Please provide all the identification numbers you have (NHIF, NSSF, ID, PASSPORT NO., KRA PIN) NHIF-National Hospital Insurance Fund Number

NSSF-National Social Security Fund Number

ID-National Identity card number

KRA PIN-Kenya Revenue Authority Personal Identification Number

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FOURTH SCHEDULE
REPORT OF SAFE DEPOSIT BOXES

FORM 3	1	Entity Name (Holder)	DATE STAMP		
		Company Registration Number	Report Confirmation Number (see no. 3 below)		
		Holder contact (for use by Unclaimed Asset staff)	Transfer/Reporting Agent Contact (for use by Unclaimed Asset staff)		
		Name	Name		
		Title			
		Direct Telephone Number			
		Email Address			
		Mailing Address			
		Post Code	Town	County	
		Customer contact for use by owners of reported asset			
		Name	<input type="checkbox"/> Same as Holder Contact	Telephone Number	Email Address
	2				
		Mailing Address	Physical address		
		Postal Code	Town	County	
3		Summary of Safe Deposit Box Contents Reported			
		Number of Safe Deposit Boxes Reported/Remitted	Previous Holder (if you are a successor to a previous holder of the property)		

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After submitting the report, contact the Unclaimed Assets Authority to schedule delivery.

Do not send safe deposit box contents without a report confirming number from the Authority. Attach a copy of this report with the report confirmation number you received to the safe deposit box contents you remit

4 4a. I have attached a true and correct list of individual owners and properties

4b. The relationship codes reported for each property will allow accurate payment to the reported owners.

4c. Written notice has been sent to the owners of all properties being reported/remitted in accordance with the Act

5 I, being the duly authorized officer of the Holder declare that I have examined this report of assets presumed unclaimed under the Kenya Unclaimed Financial Assets Act, and that the contents thereof are true, correct, and complete, as of the stated date.

Print Name Signature Date

FOR OFFICIAL USE ONLY

Deposit No	Receipt No.	Holder No.
Cheque/RTGS/EFT	Amount	Report No.
No.		

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FIFTH SCHEDULE

UNCLAIMED SAFE DEPOSIT BOX CONTENTS/INVENTORY

(r. 7)

FORM 3A UNCLAIMED SAFE DEPOSIT BOX CONTENTS / INVENTORY (IF ADDITIONAL SPACE IS REQUIRED TO RECORD THE CONTENTS, PLEASE DUPLICATE THIS FORM)		FILE THIS REPORT WITH YOUR REMITTANCE				PAGE NO _____ OF _____		DATE STAMP											
		COMPANY REGISTRATION & PIN NUMBER	HOLDER NAME	REPORT PERIOD ENDING 30TH JUNE	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)									
	Original Owner Name (List By Last Name, First Name, MI)	Relationship Between Owner	Owner Postal Address/or physical Address City/Town Code, County	Owner National Id/ Passport/ Nhsf Number	Owner Date of Birth Ddmmyyyy	Safe Deposit Box or Identifying Number	Description of Contents	Asset Code	Date Activity	Value (if Applicable)									

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SIXTH SCHEDULE

UNCLAIMED FINANCIAL ASSETS — ORIGINAL OWNER(S) CLAIM

(r. 11)
UNCLAIMED FINANCIAL ASSETS-ORIGINAL OWNERS (S) CLAIM
DATE STAMP

FORM 4A	1	Asset code or a brief description of the asset you are claiming	
		Original Asset Owner's Name	
		Original Asset Owner's Identification Number and KRA PIN Number	
		Original Unclaimed Asset Owner's Address as reported by the Holder	<input type="checkbox"/> Unknown
	2	Claimant's Name	<input type="checkbox"/> Same Above
		Claimant's Identification Number and KRA PIN Number	Same as above <input type="checkbox"/> Claimant's Date of Birth
		Email Address	Telephone Number Mobile Telephone Number
		Address where you would like correspondence, including payment sent	
		City/Town, Post Code, County	
		Joint owner's Name	<input type="checkbox"/> Not Applicable

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Joint Owner's Identification Number and KRA PIN Number	Same as above <input type="checkbox"/>	Joint Owner's Date of Birth
Email Address	Telephone Number	Mobile Telephone Number
Address where you would like correspondence, including payment sent		
City/Town, Post Code, County		
<p>3 In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.</p>		

SIGNATURE _____ DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____ (NOTARY SEAL)

BY: _____

_____ COMMISSIONER OF OATHS

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SEVENTH SCHEDULE

UNCLAIMED FINANCIAL ASSETS — BENEFICIARY CLAIM

(r. 11)

FORM 4B

DATE STAMP

1	Asset code or a brief description of the asset you are claiming	
	Original Asset Owner's Name(s)	
	Original Asset Owner's Identification Number and KRA PIN Number(s)	
	Original Unclaimed Asset Owner's Address as reported by the Holder	
2	Claimant's Name	
	Claimant's ID and KRA PIN Number	Claimant's Date of Birth
	Email Address	Telephone No. Mobile Telephone Number
	Address where you would like correspondence, including payment sent	
	City/Town, Post Code, County	
3	I understand that Appendix 4 titled Declaration for Collection of Personal Assets is required to support my claim and allow for payment. I have included the filled out and notarized claim with the evidence I am submitting. <input type="checkbox"/> YES <input type="checkbox"/> NO	
	3a. The Decedent has a valid Will?	If yes, attach a complete copy of the valid Will and Trust, if one is mentioned in the Will <input type="checkbox"/> YES <input type="checkbox"/> NO

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	<p>3b. An application for appointment of Personal Representative has been granted or is pending?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>If yes, only the assigned Personal Representative may claim. Attach a copy of your Letters of Office certified within 60 days.</p>
	<p>3c. The value of the Decedent's estate has grant of probate?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>If yes, the Authority requires probate for this estate. Once probate has been initiated the Authority will release the asset to the court appointed Personal Representative.</p>
<p>4</p>	<p>In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.</p>	

SIGNATURE _____ DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____

BY: _____ (NOTARY SEAL)

 COMMISSIONER OF OATHS

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[Subsidiary]

EIGHTH SCHEDULE

UNCLAIMED FINANCIAL ASSETS — BUSINESS ENTITY CLAIM

FORM 4C

(r. 11)

DATE STAMP

1	Asset code or a brief description of the asset you are claiming	
	Original Asset Owner's Name(s)	
	Original Asset Owner's Identification Number and KRA PIN Number(s)	
	Original Unclaimed Asset Owner's Address as reported by the Holder <input type="checkbox"/> Unknown	
2	Claimant's Name <input type="checkbox"/> Same as above	
	Claimant's Company Registration and KRA PIN NUMBER <input type="checkbox"/> Same as above	Agent's Name
	Email Address	Telephone Number
	Mobile Telephone Number	
	Address where you would like correspondence, including payment sent	
3	City/Town, Post Code, County	
	Please read each statement carefully before answering. One of the following statements must be true in order to claim	

3a. This entity is/was a sole proprietorship. If yes fill APPENDIX 2 YES NO

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<p>3b. This entity is/was a partnership <input type="checkbox"/></p> <p>3c. This entity is/was a corporation, company, or not-for-profit organization <input type="checkbox"/></p> <p>3d. I am the court appointed bankruptcy trustee for this entity <input type="checkbox"/></p> <p>3e. This entity is a government agency <input type="checkbox"/></p>	<p>3</p> <p>In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.</p>
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SIGNATURE _____ DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____ (NOTARY SEAL)

BY: _____

COMMISSIONER OF OATHS

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[Subsidiary]

NINTH SCHEDULE

UNCLAIMED FINANCIAL ASSETS — AGENT FOR OWNER CLAIM

FORM 4D

(r. 11)

		DATE STAMP			
1	Asset code or a brief description of the asset you are claiming				
	Original Asset Owner's Name(s)				
	Original Asset Owner's Identification Number and KRA PIN Number(s)				
	Original Unclaimed Asset Owner's Address as reported by the Holder			<input type="checkbox"/> Unknown	
2	Claimant's Name		Agent's Name		
	<input type="checkbox"/> Same as above				
	Claimant's Identification Number and KRA PIN Number	<input type="checkbox"/> Same as above		Claimant's Date of Birth	
	Email Address	Telephone Number	Mobile Telephone Number		
	Address where you would like correspondence, including payment sent				
	Post Code	City/Town	County		
3	Please read each statement carefully before answering. One of the following statements must be true in order to claim				
				YES	NO
	3a. I am the attorney-in-fact for the living owner of the asset being claimed			<input type="checkbox"/>	<input type="checkbox"/>
	3b. I am the court appointed guardian, custodian, conservator or fiduciary of the living owner of the asset being claimed			<input type="checkbox"/>	<input type="checkbox"/>
	3c. A Trust is the registered owner of this asset and I am the current trustee			<input type="checkbox"/>	<input type="checkbox"/>
	3d. I am the court appointed bankruptcy trustee for the living owner of the asset being claimed			<input type="checkbox"/>	<input type="checkbox"/>
3e. I am the custodial parent of the living owner of the asset being claimed, who is a minor			<input type="checkbox"/>	<input type="checkbox"/>	

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[Subsidiary]

4

In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.

SIGNATURE _____ DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____ (NOTARY SEAL)

BY: _____

COMMISSIONER OF OATHS

TENTH SCHEDULE
INDEMNITY AGREEMENT

FORM 5

DATE STAMP

UNCLAIMED FINANCIAL ASSETS AUTHORITY
Claimant/ Successor: Address: _____

Unclaimed Financial Assets

[Subsidiary]

Post Code City/Town County:

Asset claiming:

I, _____ is the undersigned claimant/successor in interest of the above-listed property which is in the possession of the Unclaimed Financial Assets Authority, in consideration of receipt of some or all of the above-listed property, agree to indemnify the Unclaimed Financial Assets Authority and hold it harmless against any and all claims, judgments, decrees, cost, expenses (including reasonable attorney fees) or any other loss which the Unclaimed Financial Assets Authority might sustain by reason of delivering or relinquishing the property to me and by reason of the Authority's refusal hereafter to deliver the property or any part thereof to any other person or entity.

SIGNATURE DATE § _____

DECLARED AT: _____ (NOTARY SEAL)

BEFORE ME THIS _____ DAY OF _____ 20 _____

BY:

COMMISSIONER OF OATHS

Unclaimed Financial Assets

[Subsidiary]

ELEVENTH SCHEDULE
UNCLAIMED SECURITIES

(Regulation 4)

FORM 6 UNCLAIMED SECURITIES (IF ADDITIONAL SPACE IS REQUIRED TO RECORD THE CONTENTS, PLEASE DUPLICATE THIS FORM)	FILE THIS REPORT WITH YOUR REMITTANCE					PAGE NO. _____ OF _____	DATE STAMP			
	COMPANY REGISTRA- TION & PIN NUMBER	HOLDER NAME	REPORT PERIOD ENDING 30TH JUNE		REPORT PERIOD ENDING 30TH JUNE	REPORT PERIOD ENDING 30TH JUNE	REPORT PERIOD ENDING 30TH JUNE			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
ITEM NO.	ORIGINAL OWNER NAME (LIST BY LAST NAME, FIRSTNAME, MI)	OWNER POSTAL ADDRESS	OWNER PHYSICAL ADDRESS CITY/TOWN, CODE, COUNTY	OWNER ID/ PASSPORT/N HIF/NSSF NUMBER	OWNER DATE OF BIRTH (DDMMYY YY)	CDS ACCOUNT NUMBER	ASSET DESCRIPT ION	ASSET CODE	DATE OF LAST ACTIVITY	REMITTED SHARES

Unclaimed Financial Assets

[Subsidiary]

											PAGE TOTAL	GRAND TOTAL	
NUMBER OF PHYSICAL SHARES _____													

Unclaimed Financial Assets

[Subsidiary]

TWELFTH SCHEDULE
ASSET TYPE CODES

(r. 5)
ASSET TYPE CODES

APPENDIX 1

CODE DESCRIPTION		CODE DESCRIPTION	
ACCOUNT BALANCES		MISC CHEQUES & INTANGIBLE PROPERTY	
AC01	CHEQUEING ACCOUNTS OR SHARE DRAFT ACCOUNTS	MS01	WAGES, PAYROLL, SALARY
AC02	SAVINGS ACCOUNTS OR SHARE ACCOUNTS	MS02	COMMISSIONS
AC03	MATURED CD OR SAVING CERT. OR SHARECERT. ACCTS	MS03	WORKERS' COMPENSATION BENEFITS
AC04	CLUB FUNDS-INVESTMENT/CHAMAS	MS04	PAYMENT FOR GOODS & SERVICES
AC05	MONEY ON DEPOSIT TO SECURE FUND	MS05	DISCOUNTS DUE

AC06	SECURITY DEPOSIT	MS06	REFUNDS DUE
AC07	UNIDENTIFIED DEPOSIT	MS07	UNREDEEMED GIFT CERTIFICATES
AC08	SUSPENSE ACCOUNTS CREDITS	MS08	UNCLAIMED LOAN COLLATERAL
AC09	OTHER ACCOUNT BALANCES OWING	MS09	PENSION & PROFIT SHARE PLANS

Unclaimed Financial Assets

[Subsidiary]

AC99	AGGREGATE ACCOUNT BALANCES UNDER Kshs. 200	MS10	DISSOLUTION OR LIQUIDATION
UNCASHED CHEQUES		MS11	FEE DUE
		MS12	UNCLAIMED LOTTERY PRIZE MONIES
CK01	INSTITUTIONAL/ INDIVIDUAL CHEQUES	MS13	SUPSENSE LIABILITIES
CK02	BANKER'S CHEQUES	MS14	CREDIT MEMOS
CK03	BANK DRAFTS	MS15	UNIDENTIFIED REMITTANCES
CK04	BANK GUARANTEE	MS16	UNCOLLECTED REMITTANCES
CK05	MONEY ORDERS	MS17	UNREFUNDED OVER- CHARGES
CK06	TRAVELER'S CHEQUES	MS18	ACCOUNTS RECEIVABLE CREDIT BALANCES OR MEMOS
CK07	FOREIGN EXCHANGE CHEQUES	MS19	DEPOSITS FOR RENT, LEASES OR UNUSED SERVICES
CK08	EXPENSE REIMBURSEMENT CHEQUES	MS99	AGGREGATE MISC. PROPERTY UNDER Kshs. 200
CK09	PENSION CHEQUES		
CK10	CREDIT CHEQUES OR MEMOS		
CK11	VENDOR CHEQUES		
CK12	CHEQUES WRITTEN OFF TO INCOME	SECURITIES	
CK13	CD INTEREST CHEQUES	SC01	DIVIDENDS
CK14	REFUND OR REBATE CHEQUES	SC02	INTEREST (BOND COUPONS)
CK15	OTHER OUTSTANDING OFFICIAL CHEQUES	SC03	PRINCIPAL PAYMENTS
CK99	AGGREGATE UNCASHED CHEQUES UNDER Kshs.200	SC04	CAPITAL GAINS
		SC05	FUNDS PAID TO PURCHASE SHARES (IPO REFUNDS)
		SC06	FUNDS FOR STOCKS & BONDS/STOCK REDEMPTION
		SC07	COLLECTIVE INVESTMENT VEHICLES
SAFE DEPOSIT BOXES & SAFEKEEPING		SC08	UNEXCHANGED STOCK OF SUCCESSOR CORP
SD01	COINS	SC09	OTHER CERTIFICATES OF OWNERSHIP

Unclaimed Financial Assets

[Subsidiary]

SD02	CURRENCY	SC10	FUNDS FOR LIQUIDATION/ REDEMPTION OF UNSURRENDERED STOCK OR BONDS
SD03	STAMPS	SC11	DEBENTURES
SD04	STOCKS	SC12	KENYAN GOVT SECURITIES (BILLS/ BONDS)
SD05	BONDS	SC13	SACCO SHARES
SD06	FUNDS FROM SALE OF SAFE DEPOSIT BOX CONTENTS	SC14	MATURE DBOND PRINCIPAL
SD07	FUNDS FROM SALE OF PERSONAL PROPERTY IN A STORAGE FACILITY	SC99	AGGREGATE SECURITY RELATED CASH UNDER Kshs. 50
SD08	OTHER INTANGIBLE PROPERTY		
	INSURANCE		UTILITIES
IN01	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	UT01	UTILITY DEPOSITS
IN02	GROUP POLICY BENEFITS OR CLAIM PAYMENTS	UT02	UTILITY REFUNDS OR REBATES
IN03	POLICY SURRENDER VALUE DUE	UT03	OTHER UTILITY MONIES OWING
IN04	PROCEEDS FROM MATURED POLICIES, ENDOWMENTS OR ANNUITIES	UT99	AGGREGATE UTILITY PROPERTY UNDER Kshs. 500
IN05	PREMIUM REFUNDS		
IN06	UNIDENTIFIED REMITTANCE		
IN07	OTHER BENEFITS DUE UNDER POLICY TERMS	TRUST & ESCROW ACCOUNTS	
IN08	UNCOLLECTED PREMIUM FOR GUARANTEES	TR01	AGENT ACCOUNT
IN09	UNCOLLECTED PREMIUM FOR GUARANTEES	TR02	UNDELIVERED DIVIDENDS/ INTEREST
IN10	UNAPPLIED MORTGAGE INSURANCE DUES	TR03	FUNDS HELD IN FIDUCIARY CAPACITY
IN11	UNAPPLIED MORTGAGE	TR04	ESCROW ACCOUNTS

Unclaimed Financial Assets

[Subsidiary]

IN99	INSURANCE BALANCES AGGREGATE INSURANCE BALANCES UNDER Kshs, 200	TR05	PRE-NEED FUNERAL PLANS/ INSURANCE
GOVERNMENT ASSETS		TR06	MISSING HEIRS' FUNDS
GO01	CUSTOMS DUTY REFUNDS	TR07	SUSPENSE ACCOUNTS
GO02	INCOME TAX REBATES	TR99	AGGREGATE TRUST FUND PROPERTY UNDER Kshs. 200
GO03	BAILS AND BONDS MONEY		
GO04	EXCESS FINE PAYMENTS		
GO05	OTHER COURT DEPOSITS		
GO06	JUDICIAL AWARDS AGAINST GOVERNMENT		
GO07	JUDICIAL AWARDS AGAINST PERSONS		
GO99	AGGREGATE GOVERNMENT ASSETS PROCEEDS UNDER Kshs. 200		

SPECIFY DATE RANGE ON "PERIODIC PAYMENTS"AND REPORT MULTIPLE AMOUNTS OF THE SAME PROPERTY TYPE FOR A SINGLE OWNER

Unclaimed Financial Assets

[Subsidiary]

THIRTEENTH SCHEDULE
DECLARATION OF SOLE PROPRIETORSHIP

(r. 5)

DECLARATION OF SOLE PROPRIETORSHIP

The undersigned being first duly sworn, on oath, deposes and declares:

DATE STAMP

1. I was engaged in business in the County of _____ as a sole proprietor using the name of ("Sole Proprietorship")

from _____ until _____

2. The address(es) of this Sole Proprietorship were: (list all addresses)

3. I am/was registered by the name _____ and my business registration number is/was _____

(attached is a certified copy of my business registration).

4. All of the assets held in the name of the of the Sole Proprietorship were owned by me.

5. Neither the Sole Proprietorship nor the assets held in the Sole Proprietorship's name were ever sold to a third party.

6. As a sole proprietor I was either: (at least one box must be checked for declaration to be valid)

Required to be licensed by: (list all National and local agency names)

[Please submit copies of such licenses to the Authority with this affidavit. If you do not have the license forms, please submit the relevant information contained on the licenses, such as name of business, business address, license number, and license duration].

Not required to submit a license with any national or local agency.

7. I declare and attest that all claims, assertions and signatures made in this declaration are true and material and acknowledge that any false statement in this declaration may subject me to penalties including, but not limited to perjury.

.....
PRINT NAME

Unclaimed Financial Assets

[Subsidiary]

SIGNATURE _____

DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 _____ (NOTARY SEAL)

BY: _____
COMMISSIONER OF OATHS

Unclaimed Financial Assets

[Subsidiary]

FOURTEENTH SCHEDULE

UNCLAIMED ASSETS DISCLOSURE / REPRESENTATION AUTHORIZATION

(r. 11 (3),(4))

UNCLAIMED ASSETS DISCLOSURE/REPRESENTATION AUTHORIZATION

DATE STAMP

UNCLAIMED FINANCIAL ASSETS AUTHORITY

Enter only those that apply:

1. CLAIMANT INFORMATION -Please print or type.

Claimant name	Identification Card Number(s)		
Present address	KRA Personal Identification Number (PIN)		
City, Town or Post Office	Postal Code	County	Telephone Number

2 APPOINTEE/DESIGNEE OF CLAIMANT

Provide Number, as applicable:

Name	Practice Certificate Number		
Present address			
City, Town or Post Office	Postal Code	County	Identification Card/Military/Police/ID Number/Passport
Telephone Number/Mobile Number			

[Subsidiary]

3 . **RELEASE OF CONFIDENTIAL INFORMATION.** The appointee named above is authorized to receive confidential information relating to the unclaimed asset(s) of the claimant named above. By signing this form, I authorize the Authority to release confidential information of the claimant to the appointee

Kindly attach a certified/notarized copy of the registered Power of Attorney document

FOR OFFICIAL USE:

Authorised officer to tick below after scrutinizing the Power of Attorney

- 4a Appointee shall have the power to claim and collect unclaimed asset(s) on behalf of the Claimant.
- 4b Appointee shall have the power to sign a statute of limitations waiver on Claimant's behalf.
- 4c Appointee shall have the power to challenge a deficiency assessment or a denied claim or to execute an agreement on Claimant's behalf.
- 4d Appointee shall have the power to request a formal hearing on Claimant's behalf.
- 4e Appointee shall have the authority to delegate to others any or all authority granted to appointee by this document.
- 4f Other (please specify): _____

8. **SIGNATURE OF CLAIMANT .** I hereby certify that I have the authority to execute this authorization form on behalf of the above claimant. I understand that to knowingly prepare or present a document which is fraudulent or false is a crime.

SIGNATURE

DATE

PRINT NAME

TITLE

Unclaimed Financial Assets

[Subsidiary]

FIFTEENTH SCHEDULE

DECLARATION FOR COLLECTION OF PERSONAL ITEMS

(r. 11 (3),(4))

DECLARATION FOR COLLECTION OF PERSONAL ASSETS

APPENDIX 4

UNCLAIMED FINANCIAL ASSETS AUTHORITY

		DATE STAMP
1	Please print or type your answers to each question:	
1a. Name of Decedent		1b. Date of Death
1c. Name of Decedent's Spouse(s)	Not married at time of death	1d. Spouse's Date of Death (if deceased)
Attach the decedent's death certificate to this declaration		
2	An answer for each question in Section 2 is required. Carefully read the instructions for questions answered "Yes".	
2a. Did the decedent have a valid will?	<input type="checkbox"/> No If "yes", attach a complete copy of the valid will and trust if one is mentioned in the will. Payment will be issued per the terms of the will / trust.	
2b. Is an application for appointment of personal representative pending or has a personal representative been appointed?	Yes <input type="checkbox"/> No , if "yes", only the assigned personal representative may claim. Attach a copy of your Letters of Office certified within 60 days. Yes	
2c. The value of the Decedent's estate has grant of probate?	No If "yes", the Authority requires probate for this estate. Attach the certified Decree of Distribution for a closed estate or, once probate has been initiated, the personal representative may claim; see 2b Yes	
3	Choose one option in Section 3, and provide the requested information:	
As a rightful heir of the decedent, I am claiming the payment of the decedent's personal assets held by the Unclaimed Financial Assets Authority that I am		

Unclaimed Financial Assets

[Subsidiary]

entitled to because of my relationship to the decedent of:
a Your relationship to the decedent

I hereby unconditionally and irrevocably assign, grant, and transfer all rights, title, interest, and obligation in all unclaimed assets held by the Unclaimed Financial Assets Authority in the name of the decedent to:
b Name of heir you are assigning to

Each heir that wishes to assign their rights must fully complete this declaration, choose option 3b, and name the heir they wish to assign rights to. The heir accepting payment must file a claim and provide supporting evidence including their own declaration

4	Please print or type your answer to each question:			
	4a. Name of Decedent's Descendants (children, grandchildren, etc.)	4b. Relationship to Decedent	4c. Relationship to you	4d. Date of Death (if deceased)
Decedent had no children				

To list more than six descendants, attach a page showing additional names.

Unclaimed Financial Assets

[Subsidiary]

You must list any additional Heirs

5		If the decedent was not survived by a spouse or descendants, provide the following parent information:	
5a.	Name of Decedent's Father	5b.	Father's Date of Death (if deceased)
5c.	Name of Decedent's mother	5d.	Mother's Date of Death (if now deceased)

6				If the decedent was not survived by any family member previously listed, list in Section 6 the decedent's parents' descendants (siblings, nieces, nephews):			
6a.	Name of Decedent's Parents' Descendants (children, grandchildren, etc.)	6b.	Relationship to Decedent	6c.	Relationship To you	6d.	Date of Death (if deceased)

To list more than four decedent's parents' descendants, attach a page showing additional names

7				If the decedent was not survived by any family member previously listed, provide the following information:			
7a.	Decedent's Paternal Grandfather	Date of Death	7b.	Decedent's maternal Grandfather	Date of Death		
7c.	Decedent's Paternal Grandmother	Date of Death	7d.	Decedent's maternal Grandmother	Date of Death		

8		If the decedent was not survived by any family member previously listed, list in Section 8 the decedent's grandparents' descendants (aunts, uncles, cousins):	
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Unclaimed Financial Assets

[Subsidiary]

8a. Name of Decedent's Grandparents' Descendants (children, grandchildren, etc.)	8b. Relationship to Decedent	8c. Relationship to you	8d. Date of Death (if deceased)
<p>To list more than four decedent's grandparents' descendants, attach a page showing additional names.</p>			
<p>I declare and attest that all claims, assertions and signatures made in this declaration are true and material, and I acknowledge that any false statement in this declaration may subject me to penalties related to perjury.</p>			
SIGNATURE		DATE	
DECLARED AT: _____		_____	
BEFORE ME THIS _____ DAY OF _____		20____	
BY: _____		(NOTARY SEAL)	
COMMISSIONER OF OATHS			

SIXTEENTH SCHEDULE

[r. 5]

HOLDER FORM COMPLETION INSTRUCTIONS

APPENDIX 5

Form 1: Holder Reporting Information

Unclaimed Financial Assets

[Subsidiary]

PART I – REPORT INFORMATION

FILING DATE- The date the Report is completed.

REPORT PERIOD ENDING- Period ending date covered by this report as per the Unclaimed Financial Assets Act, (cap. 494).

COMPANY REGISTRATION NUMBER- Provide your registration number as it appears on the Certificate of incorporation.

PIN NUMBER -Enter your Kenya Revenue Authority (KRA) issued Personal identification Number (PIN)

TOTAL NO. ITEMS/SHARES/SAFE DEPOSIT BOXES Enter the total number of owners, shares, and safe deposit boxes included Form 2.

CHEQUE/RTGS/EFT NUMBER - The number of the cheque/RTGS/EFT accompanying this Report.

AMOUNT - Amount of payment being remitted, which is the Grand Total of all property items as recorded on the last page of Form 2 of the report (less Expenses, if applicable). Cheques are to be made payable to The Unclaimed Financial Assets Authority. Please submit one cheque for the Grand Total. Remittance must accompany the Report.

PART II – HOLDER INFORMATION

NAME OF HOLDER-Name of the company remitting the Report.

COMPANY TRADING NAME— Provide your trading name if different from registered name.

MAILING ADDRESS, CITY/TOWN, POSTAL CODE, COUNTY- Address used by the Holder to receive mail, to include the county.

PLACE OF INCORPORATION- Where the company is incorporated, include county.

DATE OF INCORPORATION- Date company was incorporated.

PRIMARY PLACE OF BUSINESS- Location of main business activity in Kenya. Please be as specific as possible. If reporting for a single branch, please provide the physical address of the branch location.

PART III – PREVIOUS HOLDER INFORMATION

This section is to be used by a Holder that has had a name change or merger, or if the Holder is a successor to other entities who previously held the property for the owner. List previous holder numbers, names and/or addresses under which you have previously filed Unclaimed Asset reports.

PART IV – PRIMARY BUSINESS ACTIVITY

Please provide a brief summary that best describes your organization's primary business activity.

PART V – CONTACT PERSON

The contact person listed on the report is the name of the individual who prepared the report or whom the Unclaimed Financial Assets Authority's office can contact in the event there are any questions relating to the report.

PART VI – AUTHORIZATION

The individual authorized to submit the Report of Unclaimed Assets on behalf of the Holder.

Form 2: Unclaimed Assets Details

Unclaimed Financial Assets

[Subsidiary]

PIN NUMBER AND HOLDER NAME- Enter your (Holder) PIN Number and Holder Name as they appear in Section A of this Report. Leave the Holder Number space blank if it is unknown or unavailable.

REPORT PERIOD ENDING- Enter the period ending date for which this report is being filed. Date should correspond with the reporting period listed in Section A of this report.

ITEM NUMBER – Order of items as they appear on the report.

ORIGINAL OWNER NAME- Last name, first name and middle name or initial, as available. Be sure to include any information that would aid in the identification of the owner, to include Jr., Sr., Dr., Mr., Ms., Mrs., etc. (for example, Smith Jane Ann MD). Company names or corporate titles should be entered exactly as adopted, except the word “the” should be omitted when it is the first word of the title. If a single item has two or more owners, the names and addresses of each must be listed. When reporting certified cheques or cashiers cheques, list the names and addresses of both remitter and payee if available, specifying each. If no owner name is available, report the asset as “Unknown” (include any other identifying information that may be available in the respective columns). Our goal is to return as much property as possible to the rightful owners, we encourage the reporting of detailed owner information whenever it is available.

OWNER RELATIONSHIP- Relationship of each owner listed (e.g.OWNER, NEXT OF KIN, CUSTODIAN, MINOR, PAYEE, REMITTER). Refer to Owner Relationship Codes table Appendix 7.

OWNER ADDRESS- Both physical address and Postal box. Include street, city/town, code, and county, if available, of the last known address of the original owner. If no address is available, write the word “Unknown”in the address column.

NATIONAL ID/MILITARY ID/POLICE ID/PASSPORT/NHIF/NSSF NUMBER- Provide original owner’s ID or Passport or NHIF or NSSF number if available.

DATE OF BIRTH- Date of birth if available.

ACCOUNT/CHEQUE NUMBER/POLICY NUMBER- Enter any identification number(s) available regarding the asset item, such as account number, policy number, cheque number, stock certificate number, CDSC account number etc.

ASSET DESCRIPTION- Enter the asset description of each item (e.g., Payroll cheques, Savings Accounts, Safe Deposit Box Contents, etc.). Refer to Asset Type Codes (Appendix 1) for listing of categories and descriptions.

In the case of safe deposit boxes, attach separate inventory sheets identifying contents, including a description of the contents (e.g., “4 insurance policies, 1 gold ring, and 2 letters” etc.).

For securities, please include the issuing company name and number of shares remitted for each owner.

ASSET CODE- Enter the appropriate asset code for each type of unclaimed assets according to Asset Type Codes from Appendix 1.

DATE OF LAST TRANSACTION/DATE ASSET BECAME PAYABLE, REDEEMABLE OR RETURNABLE- Indicate date of last owner-initiated activity on account, date of cheque, or date of maturity.

TICK IF INTEREST-BEARING- Tick box if account was accruing interest at the time of remittance, or if the owner would have been entitled to interest had the property not been presumed/abandoned.

AMOUNT DUE OWNER- Enter the total amount of cash value due to the owner, including any interest earned on deposits.

PAGE TOTAL - Enter the sum of the amount due to owner column for each page.

Unclaimed Financial Assets

[Subsidiary]

GRAND TOTAL- To be entered on the last page of the report. The Grand Total is the sum of the Page Totals from each page of Form 2 of there port – COLUMN M.

DEDUCTED EXPENSES SUMMARY- This space may be used by the Holder pursuant to the Unclaimed Financial Assets Act, (Cap. 494). Expenses deducted must be itemized (expense description and amount). All expenses must be approved by the Unclaimed Financial Assets Authority office. If expenses are reported, deduct the expense total from the Grand Total to obtain the total amount of remittance.

BENEFICIARY INFORMATION:INSURANCE-With respect to insurance/annuity proceeds payable upon the death of the insured, include identifying information for both the insured and the beneficiary.

SECURITIES- Include; Treasury Bills, Treasury Bonds, Shares of Stock and Commercial Paper (see Appendix 1 for Asset Codes)

Unclaimed Assets Report Checklist

1. Have you completed Forms 1 & 2 of this report?
2. Have you verified that the total of the individual assets equals the total amount of your cheque?
3. Are you deducting expenses? If so, please complete the expense summary in Form 2 and adjust your totals accordingly.
4. Have you checked the box for interest bearing accounts as applicable?
5. Is your cheque made payable to the Unclaimed Financial Assets Authority and attached to your report?
6. If applicable, are the following included in your report:
 - o STOCK CERTIFICATES
 - o SAFE DEPOSIT BOX CONTENTS
 - o OWNER DETAIL LISTING (HARD COPY AND/OR ELECTRONIC/CD)
7. Did you include all names, addresses, postal codes and identification numbers that are available for owner accounts?

 SEVENTEENTH SCHEDULE

[r. 11]

CLAIMS FORM INSTRUCTIONS

UNCLAIMED FINANCIAL ASSETS AUTHORITY

APPENDIX 6

UFAA CLAIM FORMS:

FORM SECTIONS:

- FORM4A–Use if claiming assets as the original owner
 FORM4B–Use if you are claiming assets as a beneficiary
 FORM4C–Use if you are claiming assets as the agent of an entity
 FORM4D–Use if you are claiming assets as the agent of a living owner
 Section 1

In this section, please provide the asset code if known or a brief description of the asset you are claiming. You are also asked to provide the name, address and KRA PIN number as reported by the business or entity that remitted your asset to the Unclaimed Financial Assets Authority (if known).

Section 2

In this section, please provide us with your (claimant's) current or correct name and contact information. If you are an agent, please provide your name as the agent of the claimant or entity as well as your contact information.

Section 3

In this section, except for FORM 4A, please read the statements carefully and answer YES only when the statement is completely accurate for your circumstance.

Section 4

In this section (Section 3 on FORM 4A), please read the declarations carefully. You must sign and date the form. If there are joint owners, they must also sign the claim form.

REQUIRED EVIDENCE TO SUBMIT WITH ASSET CLAIM FORM:**FORM 4A—Original Asset Owner**

You must provide a clear copy of official photo identification (National Identity Card or Passport).

If your name has changed since the asset was reported to the Authority, you must provide verification of your name change. The Authority does not release funds based on name similarity alone. You must also provide a Kenya Revenue Authority Personal Identification Number (KRA PIN) or address match. If only one identifier is known to the Authority, you are required to prove that identifier. Additional identifiers may include The National Social Security Fund (NSSF) Number or The National Hospital Insurance Fund (NHIF) Number.

Joint asset owners must file together unless:

One of the owners is deceased. In this case, a copy of the joint owner's death certificate is required.

The owners are now divorced. In this case, a certified copy of the divorce decree and complete property settlement are required.

The owners have lost contact. In this case, a notarized statement that confirms that the owners had no marital relationship, have lost contact and each listed owner is entitled to an equal portion of the property is required.

FORM 4B— Beneficiary Claim

You must provide a clear copy of official photo identification (National Identity Card or Passport).

If your name has changed since the asset was reported to the Authority, you must provide verification of your name change. The Authority does not release funds based on name similarity alone. You must also provide a Kenya Revenue Authority Personal Identification Number (KRA PIN) or address match for the deceased. If only one identifier is known to the Authority, you are required to prove that identifier. Additional identifiers may include The National Social Security Fund(NSSF) Number or The National Hospital Insurance Fund (NHIF) Number.

You are required to prove that you are an individual the Republic of Kenya recognizes as having lawful authority to collect the estate of the decedent.

If you answered YES to question 3a, you are required to provide a confirmed grant letter of administration, a complete and un-redacted copy of decedents signed and valid Will and a copy of the Trust if one is mentioned in the Will. In lieu of the entire Trust the Authority will accept your letters of acceptance as trustee or a Certificate of Trust, to prove you are the current trustee.

If you answered YES to question 3b, you are required to provide your letters of office certified within the last 60 days.

Unclaimed Financial Assets

[Subsidiary]

If you answered YES to question 3c, you must submit a court order, such as a Decree of Distribution naming you as a payee, or the court appointed Personal Representative must submit a claim.

A complete un-redacted copy of the decedent's official Death Certificate.

FORM 4C– Business Entity Claim

You must provide a clear copy of official photo identification (National Identity Card or Passport).

If the original asset owner's name has changed since the asset was reported to the Authority, you must provide verification of your name change. The Authority does not release funds based on name similarity alone. You must also provide a Kenya Revenue Authority Personal Identification Number (KRA PIN) or address match for the entity. If only one identifier is known to the Authority, you are required to prove that identifier. Additional identifiers include the Company Registration Number, Business Licence Number or Trade Association Number. Include your Tax Compliance Certificate.

You are required to prove that you are an individual that the Republic of Kenya recognizes as an authorized representative for your entity.

If you answered YES to question 3a, you are required to complete and submit an Declaration of Sole Proprietorship, APPENDIX 2.

If you answered YES to question 3b, you are required to provide a complete and un-redacted copy of the partnership agreement.

If you answered YES to question 3c, you are required to complete and submit an Unclaimed Asset Disclosure/Representation Authorization, APPENDIX 4.

If you answered YES to question 3d, you are required to provide your certified letters of office. If an entity has been appointed as trustee,

you must submit a completed authorization to represent release, APPENDIX 3.

If you answered YES to question 3e, you are required to submit a copy of your employer issued ID.

You are required to provide proof that the entity you are representing does business or receives mail at the address you wish us to send payment to.

FORM 4D–Agent for Owner

You must provide a clear copy of official photo identification (National Identity Card or Passport).

If your name has changed since the asset was reported to the Authority, you must provide verification of your name change. The Authority

does not release funds based on name similarity alone. You must also provide a Kenya Revenue Authority Personal Identification Number (KRA PIN) or address match. If only one identifier is known to the Authority, you are required to prove that identifier. Additional identifiers may include The National Social Security Fund (NSSF) Number or The National Hospital Insurance Fund (NHIF) Number.

Joint asset owners must file together unless:

One of the owners is deceased. In this case, a copy of the joint owner's death certificate is required.

The owners are now divorced. In this case, a certified copy of the divorce decree and complete property settlement are required.

The owners have lost contact. In this case, a notarized statement that confirms that the owners had no marital relationship, have lost contact and each listed owner is entitled to an equal portion of the property is required.

Unclaimed Financial Assets

[Subsidiary]

You are required to prove that you are an individual the Republic of Kenya recognizes as an authorized agent for the living owner:

If you answered YES to question 3a, you are required to provide a complete copy of your valid power of attorney agreement.

If you answered YES to question 3b, you are required to provide your letters of office or order issued by the court.

If you answered YES to question 3c, you are required to provide your letters of acceptance as trustee, certificate of Trust or a copy of the Trust's title page and signature page along with the article of the Trust which names you as trustee. All are acceptable to prove you are the current trustee.

If you answered YES to question 3d. If an entity has been appointed as trustee, you must submit an unclaimed assets disclosure/representation Authorization, APPENDIX 3.

If you answered YES to question 3e, you must provide a copy of the minor's birth certificate.

Please be aware that each claim is unique and that once your claim is received, the Authority may need to request additional information from you to support your claim. If this is the case, the Authority will contact you by telephone or in writing to explain the additional requirement and will allow you an opportunity to provide the additional evidence rather than denying your claim. If you have any questions or cannot provide the evidence requested, we recommend that you complete the claim form and submit the evidence you can provide along with a note explaining your circumstances. A claims specialist may be able to clarify and assist you with the evidence requirement.

 EIGHTEENTH SCHEDULE

[r. 11]

RELATIONSHIP CODES

APPENDIX 7

P	Primary/Sole Owner
AD	Administrator
AF	Attorney For
AG	Agent For
TE	As Trustee For
EX	Executor
JT	Joint Tenants With Rights of Survivorship
JC	Joint Tenants in Common
AN	And
PA	Payee
BF	Beneficiary
PG	Power of Attorney
OR	Or
RE	Remitter
AO	And/Or
UG	Uniform Gift to Minors
CC	Co-Conservator
GR	Guardian For
CF	Custodian For
CN	Conservator
FB	For Benefit Of

Unclaimed Financial Assets

[Subsidiary]

IN	Insured
JOINT OWNERSHIP CODES	
BF	Beneficiaries
AND	And
OR	Or
JC	Joint Tenants in Common
JT	Joint Tenants with Rights of Survivorship
ITRF	In Trust For
UWLL	Under Will
UTRS.	Under Trust (dated)
UAGR	Under Agreement (dated)
FB.	For Benefit of
CF	Custodian For
TD	Transfer on Death
TF	Trustee for
UG	Uniform Gift to Minors
