Please use this form to make a claim for any residual funds held with Indue for which your account has been closed. When you have completed and signed the Application Form, please return it with certified copies of identification documents (as per the document checklist below).

Important Information

* The information in this form is required by Indue 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 must provide sufficient identification and we may contact you for further information if necessary.
* In order to process your claim, we must verify your identity to our satisfaction using one of the methods described in Section 4 below.
* If we are unable to verify your identity to our satisfaction, we will be unable to process the claim and will contact you to notify you of this outcome.
1. CLAIMANT DETAILS

Fields marked with an \* must be completed

**Name**

Title: Enter text. First name:\* Enter First Name Middle name: Enter Middle Name

Surname:\* Enter Surname

Preferred name for correspondence (if applicable): Enter Preferred Name

**Address**

Street Address:\* Street Address

Suburb/city:\* Suburb State: State Postcode: Postcode

**Postal address (if different to above):**

Street Address:\* Street Address

Suburb/city:\* Street Address State: State Postcode: Postcode

**Date of Birth**

DOB (dd/mm/yyyy):\*day/month/year

**Contact Details**

At least one (1) of the following contact numbers:

Phone number:\* Phone Number Mobile number: Mobile Number

Email (must be .com or .com.au only):\* Email address

**If the Claimant is different to the Account Holder, please complete the following details:**

Full Name on the Account: Account Holder Name

Date of Birth of the Account Holder: day/month/year

Relationship to the Account Holder: Relationship

1. ACCOUNT CLAIM INFORMATION

To be able to process your claim, the following information must be provided:

Name of product or Program claim applies to: Name of product as specified on the card or account

Account Number or last 4 digits of the Card: Account identifier

Last Known Balance: Last known balance

1. PAYMENT DETAILS

Please provide details of the Account for the funds to be credited to:

\*Account to be credited must be an active Australian Bank Account.

Account Holder Full Name: Account Holder Full Name

Account BSB: Account BSB

Account Number: Account Number

1. IDENTIFICATION REQUIREMENTS

You must provide Indue with **certified copies** of specific identification documents as part of this claim. Refer **Appendix A** for persons who can certify your documents.

These documents must be inclusive of:

* Two (2) Primary documents, **and**
* One (1) Secondary document

**Primary Documents**

**Photographic Identity Document**

* + an Australian licence or permit issued for the purpose of driving a vehicle that contains a photograph of you;
	+ a passport issued by the Commonwealth;
	+ a passport of similar document issued for international travel that contains a photograph of you, your signature and a valid visa permitting you to be in Australia;
	+ a card issued under a law of a State or Territory for the purpose of proving your age which contains a photograph of you (eg a proof of age card).

**Primary Non-Photographic Identity Document**

* + a birth certificate or birth extract issued by a State or
	+ Territory;
	+ a citizenship certificate issued by the Commonwealth;
	+ a pension card issued by Centrelink that entitles you to financial benefits.

**SECONDARY DOCUMENT**

* + Council / water rates notice
	+ Insurance policy document
	+ Electricity Account
	+ Telephone Account
	+ Vehicle Registration
1. DECLARATION

By completing and returning this Application Form, you are making the following declarations:

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 understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the *Statutory Declarations Act 1959 and I believe that the statements made in this declaration and true in every particular.*

Signature:

Full Name: Full Name of Claimant

Date: day/month/year

1. SUBMITTING THIS APPLICATION FORM

Once you have ensured you have completed all of the above, please send this claim form and the certified identification documents to:

Email to: csc@indue.com.au

or Mail to:

Indue Customer Service Centre

PO Box 5389

West End QLD 4101

Appendix A - Who can certify your identity?

In Australia, the following people are authorised to certify documents:

* **Health professions**: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist or Psychologist
* **Legal professions**: Legal Practitioner, Patent Attorney or Trademarks Attorney
* **Court positions**: Bailiff, Justice of the Peace, Judge, Magistrate, Registrar or Deputy Registrar, Clerk, Master of a Court or CEO of a Commonwealth Court
* Commissioner for Affidavits or Commissioner for Declarations (dependent on jurisdictions).
* **Government representatives** (elected): Federal, State or Territory or Local
* **Public servants**: Federal, State or Territory or Local – employed for five years or more
* Permanent employees of the Australian Health Practitioner Regulation Agency
* Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
* Veterinary Surgeon
* Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)
* Minister of religion or marriage celebrant
* Member of:
	+ Chartered Secretaries Australia
	+ Engineers Australia, other than at the grade of the student
	+ Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
	+ Australasian Institute of Mining and Metallurgy
* Notary public
* Police officer
* Sheriff or Sheriff’s officer
* Teacher (full-time) at a school or tertiary education institution