

# LOST PASSBOOK DECLARATION FORM



Account Number

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Account Name(s)

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Date of Birth

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Date of Birth

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Address

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| Postcode |
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\*I/We hereby declare as follows:

- That the passbook in respect of the above numbered account has been \*destroyed/lost
- That every effort has been made to trace it and recover it
- That in the case of theft the matter has been reported to the police. Please provide crime number here if applicable 

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 and
- To the best of \*my/our knowledge and belief no money has been obtained on the passbook from any third party and no improper use has been made of it.

\*I/We hereby apply for the issue of a duplicate book in accordance with the Rules of the Society, and undertake to surrender the original if it is recovered at any time in the future.

**Account Signature(s)** Please note that on a joint account where all signatures are required to run the account, all parties must sign this form.

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Date

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\*Delete as appropriate