



# Lost Account Enquiry Form

Please complete this form in black ink and in **BLOCK CAPITALS** then sign the signature box in section **6**.

## 1 Enquirer's details

Title	<div>Mr</div>	<div>Mrs</div>	<div>Miss</div>	<div>Ms</div>	<div>Other</div>	Daytime Tel	
Forename(s) in full						Evening Tel	
Surname						Mobile Tel	
Current Address	<div></div>						
	Postcode					Email Address	
						I am happy to be contacted by email (please tick this box)	<div></div>

## 2 If the account holder is you

## Your previous addresses

What addresses have you lived at since the account was opened? Please provide details with the most recent address first and any others you may think apply since you opened the account.

Previous Address								Date moved out	D	D	M	M	Y	Y	Y	Y
								If you need to tell us about any more addresses, please continue on a separate sheet.								
	Postcode							Date of birth	D	D	M	M	Y	Y	Y	Y
Date moved in	D	D	M	M	Y	Y	Y	Y	If you have been known by any other name (eg before marriage), please give this below:							
Date moved out	D	D	M	M	Y	Y	Y	Y								

### 3 If the account holder is someone else

## Full name of account holder

Title	Mr	Mrs	Miss	Ms	Other	Postcode									
Forename(s) in full						Date moved in	D	D	M	M	Y	Y	Y	Y	
Surname						Date moved out	D	D	M	M	Y	Y	Y	Y	
<b>Account holder's addresses</b>						If you need to tell us about any more addresses, please continue on a separate sheet.									
What addresses has the account holder lived at since the account was opened? Please provide details with the most recent address first and any others you may						Account holder's date of birth		D	D	M	M	Y	Y	Y	Y

### Account holder's addresses

What addresses has the account holder lived at since the account was opened? Please provide details with the most recent address first and any others you may think apply.

Previous Address									Relative	Friend	Executor / administrator
									Spouse/partner	Carer	Power of Attorney
	Postcode								Is the account holder alive?		
Date moved in	D	D	M	M	Y	Y	Y	Y	Yes	No - Please complete this section and section 4 'If the account holder is deceased' section below.	
Date moved out	D	D	M	M	Y	Y	Y	Y	If your claim is successful then we will need to see evidence of your authority to		

What is the relationship between you and the account holder?

Relative	Friend	Executor / administrator
Spouse/partner	Carer	Power of Attorney

Is the account holder alive?

☐ Yes
 ☐ No - Please complete this section and section 4 'If the account holder is deceased' section below.

If your claim is successful then we will need to see evidence of your authority to access account information. No documentation is required to be sent to the Society at this stage.

#### 4 If the account holder is deceased

## Date of death

If your claim is successful then we will need to see a copy of one of these documents

- Death certificate
- Probate / Letters of Administration

**NO DOCUMENTATION IS REQUIRED TO BE SENT TO THE SOCIETY AT THIS STAGE.**

## 5 About the account

Was the account with:

☐ Leeds Building Society (formerly Leeds & Holbeck Building Society); or

☐ Mercantile Building Society

Is/was the account in joint names?

☐ Yes

☐ No

☐ Don't know

If Yes, please tell us any other names on the account

If you know the account number, please write it here:

What was the approximate balance on the account (If you don't know, leave this blank.)

£

Was there a passbook with the account?

☐ Yes

☐ No

☐ Don't know

If Yes - do you have the passbook?

☐ Yes

☐ No

If there is any other information you feel may help us trace this account, please write it here:

When was the account opened? (If you don't know, leave this blank)

D

D

M

M

Y

Y

Y

Y

When was the account last used? (If you don't know, leave this blank)

D

D

M

M

Y

Y

Y

Y

If your claim is successful then we will need to see a copy of one of the following documentation to confirm your identity:

- Passport
- Driving licence
- Birth certificate
- Marriage certificate
- DWP correspondance

Please tell us which of the following documents you have showing evidence of the account you are enquiring about. Please tick the appropriate boxes:

☐ Passbook

☐ Letter from the Society concerning this account

☐ Statement

☐ Tax certificate

**NO DOCUMENTATION IS REQUIRED TO BE SENT TO THE SOCIETY AT THIS STAGE.**

## 6 Declarations

I confirm that the information I have provided above is correct. I also consent to the use of personal information as detailed below.

Signature

Date: DD / MM / YYYY

Please take this form to your local branch or post it to:

**Leeds Building Society**  
**26 Sovereign Street,**  
**Leeds**  
**LS1 4BJ**

### Use of Personal Information

Information provided will only be used to deal with your enquiry and/or in order to identify any fraudulent claims and not for any other purpose.

Before submitting any information to us, please note:

- (i) in order to prevent or detect fraud, any and all information provided by you will be shared with fraud prevention agency/ies;
- (ii) if false or inaccurate information is provided and fraud identified details will be passed to fraud prevention agency/ies to prevent fraud and money laundering. Law enforcement agencies may access and use this information; and
- (iii) you can obtain further details explaining how information held by fraud prevention agencies may be used by writing to Financial Crime Prevention Team, Leeds Building Society, 26 Sovereign Street, Leeds, LS1 4BJ or by calling 0113 216 7353.

We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

Please contact us on freephone 08085 225 777 if you want to receive details of the relevant fraud prevention agencies.