**King’s and Lord Treasurer’s Remembrancer**

**Untraceable Owner of Funds Referral Form**

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| **SECTION 1** | | |
| **Complete this form only if the owner of funds is untraceable.**  Please complete a separate form for each beneficiary and the amount due to them.  If you require more space to include information than allowed in the form, then please provide that separately. | | |
| Client name |  | |
| Name of the person due the funds (if different from above). If unknown, please specify. |  | |
| Last known address of the person to whom the funds are due. |  | |
| Transaction description. |  | |
| Date of settlement or last contact with client or person to whom the funds are due: |  | |
| Amount of Balance |  | |
| Reason balance held |  | |
| Is there a file or records held? (If yes, include your file reference.) Please provide any other relevant information below: |  | |
| **SECTION 2** | | |
| If you are submitting funds because the beneficiary cannot be traced, please tick the following declaration to confirm this: | | |
| We confirm that:   1. We have undertaken reasonable efforts to trace the owner of the funds; and 2. We consider the funds to be bona vacantia. | |  |

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| **SECTION 3** | |
| Please tick which of the following steps have been undertaken to trace the owner: | |
| 1. The client file has been checked, and all available contact details have been used to try and contact the client or relevant third parties. |  |
| 1. An internet search has been undertaken. |  |
| 1. A Directory Enquiries search has undertaken. |  |
| 1. An Electoral Register search has been undertaken. |  |
| 1. An advert has been placed in a newspaper or other publication. |  |
| 1. A tracing agent has been instructed (please a copy of their report with your referral form). |  |
| 1. Provide details the efforts made to locate the owner of the funds, including any additional steps taken. If applicable, explain why it was deemed inappropriate to implement any of the steps listed above. | |

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| **SECTION 4** | |
| Signed for and on behalf of |  |
| Designated Cashroom manager |  |
| Print name |  |
| Date |  |
| Contact email address |  |

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| Please return the completed form along with a covering letter on your firm’s official headed paper to the following address:  KLTR Office,  1F North  Scottish Government Building  Victoria Quay  Edinburgh  EH6 6QQ  Alternatively, you may scan the form and email it to [enquiries@kltr.gov.uk](mailto:enquiries@kltr.gov.uk) with the subject heading ‘**Untraceable Funds Referral Form’**.   We will confirm receipt of your referral form within 20 working days, and we may ask you for more information. |

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| **Please note:** we may share information provided on this form for monitoring and regulatory purposes with the Law Society of Scotland. Further details of any personal information we may share is set out in our privacy statement available online at [www.kltr.gov.uk](http://www.kltr.gov.uk) |