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

**Abandoned Funds Referral Form**

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| **SECTION 1** | |
| **Complete this form only if the owner of funds has been located but is considered to have abandoned 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: |  |

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| **SECTION 2** | |
| If you are submitting funds because you consider the owner has abandoned the funds, please tick the following declaration to confirm this: | |
| We confirm that:  (1) We have undertaken reasonable efforts to return 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 transfer funds to the owner: | |
| 1. Cheque and letter sent by recorded delivery (provide full details below in box 7) |  |
| 1. Letters or correspondence sent to owner regarding encashment of Cheque (please enclose copies with your referral form) |  |
| 1. Personal visit by solicitor / staff member to deliver letter and Cheque (provide full details below in box 7). |  |
| 1. Sheriff Officers instructed to attend owner’s location to formally deliver cheque and covering letter (please enclose a copy of the evidence of this instruction). |  |
| 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. Explain why the funds are considered abandoned and provide details of any additional steps taken. Additionally, if relevant, clarify 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 ensure that you fill out the form in block capitals if handwritten and send the 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 ‘**Abandoned Funds**.’  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) |