

<On headed paper>

**Notification of Unclaimed Policies Nil Return to NTMA
Section 10(4) Form**

Name of Institution: _____

Address of Institution: _____

Return fax Number: _____

I confirm that the aforementioned institution does not hold any unclaimed policies to which Section 6 of the Unclaimed Life Assurance Policies Act, 2003 applies.

Names of Authorised Signatories (in capitals): _____ / _____

Signatures: _____ / _____ **Date:** _____

Acknowledgement

NTMA confirms receipt of this form.

Signatures: _____ / _____ **Date:** _____