



BOX INVENTORY REPORT

UNCLAIMED SAFE DEPOSIT - CONTENTS

ATTACH CONTENTS REPORT To BOX Cover Sheet on OUTSIDE of Safe Box

1. Holder Name: _____
2. Branch Property Held: _____
3. Period Covered: _____ to _____ Page _____ of _____
4. Safe Deposit Box Number: _____
5. Date of Abandonment: _____ Drill Date: _____

CHARGES

Rental _____

Opening _____

Total _____

6. Owner(s) Information:

| LAST NAME | FIRST NAME | M | SOCIAL SECURITY # |
|------------------|------------|---|-------------------|
| | | | |
| Mailing Address: | | | |

| LAST NAME | FIRST NAME | M | SOCIAL SECURITY # |
|------------------|------------|---|-------------------|
| | | | |
| Mailing Address: | | | |

7. List Codes and Itemized Description of Contents *(one Item Per Line or Attach Itemized List)*

| | CODE | QUANTITY | CONTENTS DESCRIPTION |
|---|------|----------|----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

BOX INVENTORY REPORT - CONT.

SAFE DEPOSIT BOX NUMBER _____

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