



THE INSURANCE COMMISSION
OF THE BAHAMAS

UNCLAIMED MONEYS REIMBURSEMENT REQUEST

Insurance Company:

<i>No.</i>	<i>Policy Number</i>	<i>Name of policyholder</i>	<i>Name of beneficiaries</i>	<i>Amount Submitted to the Commission</i>	<i>Reporting period for which payment was submitted to the Commission</i>	<i>Date Paid to beneficiaries</i>
1						
2						
3						
4						
5						

Chief Financial Officer

Name

Signature

Date