

**SOUTH DAKOTA UNCLAIMED PROPERTY REPORT FORM
FOR REPORTING SAFE DEPOSIT BOX CONTENTS**

This page must be included if your report includes safe deposit box contents

HOLDER INFORMATION

Holder Name: _____ FEIN: _____
Contact Person for Report: _____ Phone: _____

BANK AND BRANCH INFORMATION (WHERE BOX WAS LOCATED)

Bank Name: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip: _____

Customer Contact (for use by owners of reported property): SAME AS HOLDER CONTACT

Name: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip: _____

SAFE DEPOSIT BOX INFORMATION

Box Number: _____ Date of Abandonment: _____ Property Type Code: **SD01**

Unpaid Rent: _____ Drilling: _____ Safekeeping: _____ Other: _____

OWNER INFORMATION:

First Owner, Last Name or Business Name: _____

First Name: _____ Middle Name: _____ Suffix: _____

Address: _____

City: _____ ST: _____ Zip: _____

Social Security Number: _____ Relationship Code: _____

Second Owner, Last Name or Business Name: _____

First Name: _____ Middle Name: _____ Suffix: _____

Address: _____

City: _____ ST: _____ Zip: _____

Social Security Number: _____ Relationship Code: _____

INVENTORY OF CONTENTS:
