



# Holder Report Cover Sheet ♦ Affidavit of Due Diligence

HOLDER CODE:

## Unclaimed Property Program

P.O. Box 150 ♦ Honolulu, HI 96810

### Office location:

250 S. Hotel Street ♦ Room 304

Honolulu, HI 96813

(808) 586-1589

### ♦ All Holders Except Life Insurers

Reporting Period July 1 through June 30

### ♦ Life Insurance Companies

Reporting Period January 1 through December 31

This transmittal must accompany all holder reports.

For Official Use ONLY	
TDR Date:	
Amount \$:	
Shares:	
Import #:	
Input Initials:	

COMPLETE FORM: PRINT OR TYPE ♦ NOTARIZE

REPORT YEAR:

<b>General Information</b>	
Holder Name:	Federal Identification Number:
Mailing Address:	State of Incorporation:
City: State:	Date of Incorporation:
Zipcode:	
Name of contact person or department designated to respond to unclaimed property inquiries:	
Name:	Telephone number: ext:
E-mail address:	

Did your company file an unclaimed property report last year with Hawaii? YES  NO

If "YES", and you filed under a different name, address or Federal ID#, complete the information below:

Previous Holder Name:	Federal Identification Number:
Mailing Address:	State of Incorporation:
City: State:	Date of Incorporation:
Zipcode:	

<b>Reporting Requirements</b>	
This report includes interest-bearing properties. YES <input type="checkbox"/> NO <input type="checkbox"/>	Report Total \$ _____
♦ Remittance payable to: Director of Finance, State of Hawaii	Total Remittance \$ _____
	Total Shares _____

**VERIFICATION AND AFFIDAVIT:** The undersigned, \_\_\_\_\_, declares, under penalty of perjury, that, to the best of (his/her) knowledge, the foregoing report and supporting records, contain a full, true and complete report of unclaimed property now in the possession or under the control of the holder, which is presumed abandoned in accordance with the provisions of the Hawaii Revised Statutes Chapter 523A. Note: *\*Interest-bearing properties are clearly denoted.*

**I have attempted to contact owners of property valued at \$50 or more at their last known address by mail not more than six months before filing the report. I am duly authorized to attest to this.**

Name _____	Title _____
Signature _____	Date _____
State of: _____	
Subscribed and sworn to before me this _____ day of _____, 20 ____.	Notary Stamp
Notary Public _____	Commission Expires _____

Notarized Signature Required