

- ▶ FSCS reference:
- ▶ Policy number:



## 50% Declaration Form (to be returned to FSCS)

If you're claiming for a joint policy but the co-policy holder is not contactable, please complete the below form (providing your FSCS reference number and policy number in the space above). We'll then advise if we can consider the claim in your sole name.

I confirm the following to be true to the best of my knowledge:

I have not had any form of contact with: \_\_\_\_\_  
(name of co-policy holder)

For a period of (months/years) \_\_\_\_\_

Is the person deceased?  Yes  No

If 'No', please provide the reason(s) for not having any contact:  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose any documentary evidence you may have to support your statement (for example, if you are divorced please send us a copy of your Decree Absolute.)

**Please tick this box if you do not have any evidence:**

I understand that I am entitled to 50% of any compensation that may be due in respect of my claim regarding the policy number quoted at the top of this form.

I declare to the best of my knowledge that the details in my application form and all other information I have provided are true and correct, and that there are no other facts or circumstances which may be relevant to my application for compensation.

If the payment of some or all of the compensation should not have been made in the first place for any reason, I understand I must fully repay to FSCS any such compensation, without any deduction or set off, plus interest.

Name: .....

Signed: .....

Dated: .....