

HOW TO REMIT AN OVERPAYMENT OF DEBT COLLECTIONS

1. Fill out Form A (Holder Remittance Summary) and Form B (Detailed Owner Information)^{1.}

Note: If you have 10 or more owners please create a spreadsheet Form B and send by email or diskette.

 - a) create a spreadsheet using MS Excel Version 95 or later
 - b) the spreadsheet must contain all the sections highlighted on Form B
2. Ensure that the total of all properties being reported equals the total \$ amount remitted.
3. Submit Form A (Holder Remittance Summary) and Form B (Detailed Owner Information) with your cheque for the total amount of all unclaimed balances being remitted to the Society. The cheque should be made payable to the British Columbia Unclaimed Property Society and sent to the address noted above.
4. The Society will respond with a letter confirming receipt of the unclaimed money deposit. If you have any questions or require clarification, please contact our office.

1. *Freedom of Information and Protection of Privacy Act*: The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Unclaimed Property Act*. Questions about the collection or use of this information can be directed to the Manager of the British Columbia Unclaimed Property Society at 604.662.3518.

Form A - Debt Collection Agency Remittance Summary

Name of Debt Collection Agency	
Debt Collection Agency Address (include Street and Mailing, Province and Postal Code)	
Name of Contact Person and Title	
Telephone Number	()
Fax Number	()
Email	
Total Number of overpayments	
Total Dollar Value of all overpayments being remitted (i.e. cheque total)	

Form B - Detailed Owner Information

(for each overpayment being remitted)

Name of Owner: <i>(First, Middle, Last)</i>			
Last Known Address: <i>(Street and Mailing)</i>			
Province:		Postal Code:	
Phone No:		Fax No/Email:	
Date of Birth: <i>(YYYY-MM-DD)</i> <i>If available</i>		SIN: <i>If available</i>	DL#: <i>If available</i>
Company to which the funds were initially owed <i>(Name and address if available):</i>			
Debtor #			
Other identifying information:			
Date fund overpayment was made: <i>(YYYY-MM-DD)</i>		Balance of overpayment on date remitted:	\$
Description of reasonable efforts taken locate the owner <i>(list chronologically by date):</i>			
<i>Please attach any supporting documentation that would assist our office in validating a claim.</i>			

