



This form is only needed for reporting safe deposit box contents.

Idaho Unclaimed Property

UP-6A

Safe Deposit Box Receipt

HOLDER INFORMATION			
Date:		Federal/Tax ID No.:	
Holder Name:		Contact Person:	
Address:		Title/Department:	
City:	State:	Zip:	Email:
State of Incorporation:		Phone No.:	Fax No.:
Date of Incorporation:		Number of safe deposit boxes reported:	
Parent Company Name:		Parent Company Federal/Tax ID No.:	

VERIFICATION STATEMENT

I affirm to the best of my knowledge and belief, that the safe deposit box information provided above is true and correct.

Name of Authorized Officer (print)

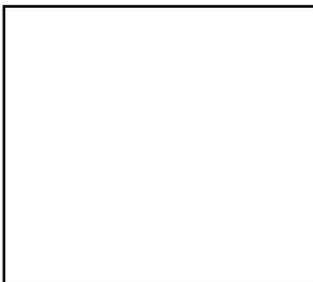
Signature of Authorized Officer

Title of Authorized Officer (print)

Date

UCP Dual Custody Authorized Employees

UCP Date Stamp



Signature of First Authorized Officer

Signature of Second Authorized Officer

Date

Date

