

AP-7

HOLDER REPORTING ERRORS

For funds paid to the Department

Robert M. McCord
Treasurer



TREASURY USE ONLY

Claim Number _____
 Date Received _____
 Holder EIN _____
 Prepared By _____

PART I HOLDER INFORMATION: (see instructions for claim completion)

EIN NUMBER

NAME OF HOLDER

STREET ADDRESS

CITY STATE ZIP CODE

CONTACT PERSON TELEPHONE EXT

PART II CLAIM INFORMATION:

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT NUMBER OF SHARES

TREASURY USE ONLY:
 Property ID Number _____

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT NUMBER OF SHARES

TREASURY USE ONLY:
 Property ID Number _____

PART II CLAIM INFORMATION: (continued)

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

REPORT YEAR

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ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

PART II CLAIM INFORMATION: (continued)

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

TOTAL AMOUNT (all pages)

TOTAL NUMBER OF SHARES (all pages)

PART III HOLDER CERTIFICATION:

I, Name of Representative, Title, a duly authorized corporate officer of the holder listed above, do hereby certify that the above listed funds or shares, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been remitted in error. The holder therefore requests reimbursement for such payment.

Signature of Corporate Officer _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary

My commission expires: _____

COMMONWEALTH OF PENNSYLVANIA
TREASURY DEPARTMENT
BUREAU OF UNCLAIMED PROPERTY
PO Box 1837
Harrisburg, PA 17105-1837