

ALLEN MARTIN DEPUTY TREASURER

Voluntary Disclosure Program Request Form

Form should be completed for the business entity (Holder) requesting participation in North Carolina's Voluntary Disclosure Program (VDP). Unless explained otherwise, 'Holder' participating in the VDP should be the Parent Entity, as well as, any Subsidiaries or Divisions.

HOLDER INFORMATION		
Holder Name:	·	
Holder ID (if known):	FIN:	
Address:		
City:	State: Zip:	
Contact:	Phone: ()	
Title:	State of Incorporation:	
Email:	Date of Incorporation:	
f applicable, please provide Organizational Chart showing Pa	arent Entity, as well as, Subsidiaries and/or Divisions,	
along with FIN for each if different than Parent.		
 a. Is the Holder currently under audit by a member of the UPD Compliance and Audit Team or by one of the UPD Vendor Auditors? Yes □ No □ b. Has the Holder been notified by a member of the UPD Compliance and Audit Team or by one of the UPD Vendor Auditors that they will be audited? Yes □ No □ c. Has the Holder participated in North Carolina's VDP in the past? Yes □ No □ B. REASON(S) FOR VDP REQUEST (CHECK ALL THAT APPLY) 		
☐ First Time Remitter To North Carolina		
□ Past Due Property Not Included On Prior Year Filings Due To Clerical Error		
☐ Reports Were Not Filed For Years Past Due Property Was Identified		
5 .		
Provide narrative as to wny past due property was not previou	usly reported to UPD:	
	Holder Name:	

4.	REPORT INFORMATION If known, please provide:		
	Estimated or total amount of past due property to b	pe reported: \$	
	Estimated number of items to be reported:		
	Last Transaction Date for oldest property to be repo	orted:	
5.	PROPERTY TYPE Brief description of the type(s) of property to be rep	oorted.	_
6.	REQUIRED HOLDER DOCUMENTARY EVIDENCE		
	Statutory Authority Audit - A Holder requesting ent as State Bar Association, Insurance Commission, or independent audit, must provide a copy of the offic unclaimed property. Ceased or in the Process of Ceasing Operations A operations, must provide an official document(s) in	Government agency, or who has undergone any ital audit engagement letter and/or audit finding. Holder who has terminated, or who is terminat	other external s related to
7.	CONTACT Holder contact regarding unclaimed property, if diff	ferent than contact listed in Section 1:	
	Name:	Title:	_
	Email:	Phone Number:	
8. HOLDER AUTHORIZATION OF THIRD PARTY, IF APPLICABLE ☐ Check here if Holder is using a Third Party and authorizes them to communicate on Holder's beh matters related to this VDP request.			ılf regarding all
	Third Party (Advocate, CPA firm, etc.) contact:		
	Business Name:		-
	Contact Name:	Title:	
	Email:	Phone Number:	_
9.	SIGNATURE Holder Contact listed in Section 1:		
	Signature:	Date:	

Completed form and required documents, if applicable, should be emailed to <u>VoluntaryDisclosureProgram@nctreasurer.com.</u>

If you have any questions, please call 919-814-4200, Option 3, or send email to address above.