

FORM KDIC1

**KENYA DEPOSIT INSURANCE CORPORATION**

CLAIM FOR PAYMENT OF DEPOSITS (in duplicate) NO: .....

(PART I-V To be filled by Depositor/Claimant)

I Bank/Financial Institution.....  
 Depositors Name (s).....  
 Name of Person operating the Account .....

Address.....  
 Telephone No.....  
 ID No. of the A/C holder (s).....  
 Next of Kin.....  
 Address.....  
 Telephone No.....

II LIST OF DEPOSITS AND LIABILITIES (Amount in Kshs.) as at \_\_\_\_\_ -

(a) DEPOSIT BALANCES WITH CHARTER HOUSE BANK LTD (IN LIQUIDATION)			(b) LIABILITIES WITH CHARTER HOUSE BANK LTD (IN LIQUIDATION)		
	A/C NO.	AMT (KSHS)		A/C NO.	AMT (KSHS)
Savings A/C			Term Loan		
Current A/C			Overdraft		
Time Deposits			Guarantees		
Demand Deposits			Others		
Others					
Adjustments			Adjustments		
TOTAL			TOTAL		

III NET POSITION (a Minus b) Kshs.....

IV DETAILS OF SECURITIES PLEDGED :

TITLE NO:.....  
 LOG BOOK/REG NO:.....  
 GUARANTEES:.....  
 OTHERS:.....

**V PAYMENT INSTRUCTIONS**

a) Direct Credit to my Bank Account with the following details:

Bank Name..... Branch.....

Bank Code..... Branch Code.....

Account Title.....

Account No. ....

Signature(s)..... Date.....

Signature(s)..... Date.....



**DEPOSITOR'S SWORN STATEMENTS**

(FOR DEPOSITS ABOVE SHS. 500,000 – ATTACH A SWORN AFFIDAVIT WITH A  
COMMISSIONER OF OATHS)

1. I /We \_\_\_\_\_ solemnly swear that I am of legal age and of sound mind and hereby make oath and state as follows (Name of bank or institutions) on its liquidation was indebted to me / us for the total deposits as indicated above.
2. To the best of my knowledge, information and belief, I am indebted to \_\_\_\_\_(Name of institution) in the sum of Sh \_\_\_\_\_ as at \_\_\_\_\_
3. I/We understand that that the payment of our protected deposits and any dividends will be effected through my /our bank account given by me / us above.
4. I/We hereby assign, transfer and set-off to the said Kenya Deposit Insurance Corporation this paid claim against the said Bank/Institution as per these payment instructions.
5. I/We shall have no claim against the said Bank/Institution now or in the future and hereby subrogate all my / our rights therein to Kenya Deposit Insurance Corporation entirely to the extent of Monies due to me/us.
6. I/We undertake to notify the bank and KDIC of any dispute /Discrepancy I/We may have regarding any claim within 2 years from the date of this claim.

Depositor's signature (s) \_\_\_\_\_

Depositor's ID Number (s) \_\_\_\_\_

Date \_\_\_\_\_

**FOR COMPANIES ONLY**

Authorized signatories for company

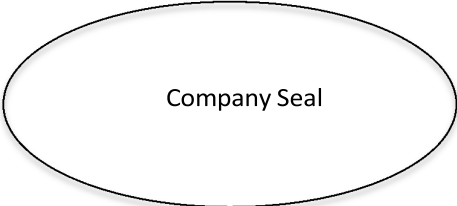
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Designation: \_\_\_\_\_

ID No: \_\_\_\_\_ ID No: \_\_\_\_\_

Officer authorized to collect on behalf of company

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_



***NOTES (For Individuals and Companies):***

1. The following documents are required to attached
  - a. Individual depositors
    - i. Copy of ID or Passport
    - ii. Copy of PIN certificate
    - iii. Account statement, if any
    - iv. Original Fixed Deposit Receipt in case of a time/fixed deposit
    - v. Passbook or cheque book or ATM card
    - vi. Any other proof of claim
  - b. Companies, Registered Business Firms and other corporations
    - i. Copy of certificate of incorporation.
    - ii. Letter of Authority to make the claim signed by the authorized signatories as per the mandates held by the institution.
    - iii. Copy of IDs of the authorized account signatories
    - iv. Copy of PIN Certificate for the Company
    - v. Original Fixed Deposit Receipt in case of a time/fixed deposit
    - vi. Passbook or cheque book or ATM card
    - vii. Any Other Proof of Claim