

KENYA DEPOSIT INSURANCE CORPORATION

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



(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) DEPOSITS (Attach Passbook, copies of Fixed Deposits Receipts, Cheque books, Pay in slips)			(b) LIABILITIES		
	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

(If to be paid by mobile money transfer please provide mobile number and if by bank transfer please provide bank account details)

a) Mobile Number: _____

b) Direct Credit to my Bank

Bank: _____ Branch _____
 Bank Code _____ Branch Code _____
 Account Title _____
 Account No. _____
 Signature(s) _____ Date _____

VI KDIC FOR OFFICIAL USE ONLY

1. Total Deposits Claimed _____
2. Adjustments _____
3. Deductions/Liabilities _____
4. Net Adjusted Deposits _____
5. Net Deposits payable _____
6. Amount in Excess of Kshs 100,000 _____

Claim Verified by: Name _____ Signature _____

Claim Approved By: Name _____ Signature _____

DEPOSITOR'S SWORN STATEMENTS

(FOR DEPOSITS ABOVE SHS. 100,000 6 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 or through Mobile Number forwarded to me / us through the address 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 _____

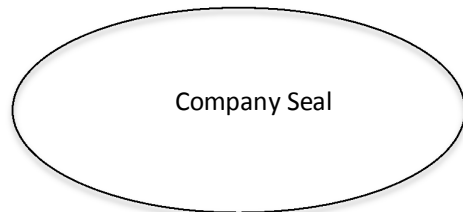
FOR COMPANIES ONLY

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. Company accounts to be paid by direct credit only.
2. The following documents are required to attached
 - a. Individual depositors
 - i. Copy of ID or Passport
 - ii. Account statement, if any
 - iii. Original Fixed Deposit Receipt in case of a Time/Fixed Deposit
 - iv. Passbook or cheque book or ATM card
 - v. 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. Original Fixed Deposit Receipt in case of a time/fixed deposit
 - iv. Passbook or cheque book or ATM card
 - v. Any other proof of claim