**<CLAIM FORM> BANK LIMITED [IN LIQUIDATION]**

**DIVIDEND PAYMENT**

**ACCOUNT DETAILS FORM**

|  |  |
| --- | --- |
| **NAME:** |  |
| **ADDRESS:** |  |
| **CODE:** |  |
| **TOWN:** |  |
| **ACCOUNT:** |  |
| **PREFERRED MODE OF PAYMENT:** | **BANK ACCOUNT [ ] MOBILE MONEY\* [ ]** |
| **BANK DETAILS:** | |
| **ACCOUNT NAME :** |  |
| **ACCOUNT NUMBER:** |  |
| **BANK:** |  |
| **BANK CODE:** |  |
| **BRANCH:** |  |
| **BRANCH CODE:** |  |
| **I.D/PASSPORT NO.:** |  |
| **TEL. /CELLPHONE NO.:** |  |
| **EMAIL:** |  |
| **SIGNATURE:** |  |

***\*Mobile money terms and conditions apply.***