



DEPOSIT INSURANCE CORPORATION

Central Bank Building, Eric Williams Plaza, Independence Square, Port of Spain, Phone: 625 – 5020 – 1

Confirmation of Claim

CLAIM # (S) \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

CLAIMANTS:

|    | Surname | First Name | Other Name | ID No. | B.I.R. No. |
|----|---------|------------|------------|--------|------------|
| 1. |         |            |            |        |            |
| 2. |         |            |            |        |            |
| 3. |         |            |            |        |            |
| 4. |         |            |            |        |            |
| 5. |         |            |            |        |            |
| 6. |         |            |            |        |            |

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All to sign (Y/N):

DEPOSIT OR ACCOUNT # (S)

\_\_\_\_\_  
\_\_\_\_\_

DEPOSIT LIABILITY \$ \_\_\_\_\_  
DEPOSIT INSURANCE PAYABLE \$ \_\_\_\_\_  
LESS LOANS OFFSET \$ \_\_\_\_\_  
NET INSURANCE PAYABLE \$ \_\_\_\_\_  
UNINSURED AMOUNT \$ \_\_\_\_\_

This is to certify that this claim in respect of the above account(s) has been approved for the Deposit Insurance payment of \$

Approved by

DIC OFFICIAL

PAYMENT WILL BE MADE AT

\_\_\_\_\_

NOTE:

- (1) The above mentioned identification is required for payment to be made.
- (2) This form and all original documents evidencing the account must be surrendered to receive payment.
- (3) All queries are to be addressed to the Deposit Insurance Corporation (DIC).