



19-20 Victoria Square West, Port of Spain, Trinidad, W.I.  
 P: +(868) 285-9342 | TF: +(868) 800-4342 | F: +(868) 623-5311 | E: info@dicctt.org | W: [www.dicctt.org](http://www.dicctt.org)

## CLAIM FORM

*Please read instructions overleaf carefully before completing form. Please complete in Block Letters*

1. INSTITUTION NAME: .....

Branch : .....

2. CLAIMANTS:

Surname	First Name	Other Name	I.D. No.	B.I.R. File Number
1.....	.....	.....	.....	.....
2.....	.....	.....	.....	.....
3.....	.....	.....	.....	.....
4.....	.....	.....	.....	.....

Address: .....

Telephone: (Home) ..... (Work) .....

3. DEPOSIT OR ACCOUNT TYPE:..... No.:.....

Issue Date..... Maturity Date..... Rate..... %

Principal \$.....

Interest Due \$..... +

Payments received to date \$..... -

Total Claim \$.....

Is deposit pledged?      Yes                      No

If yes to whom: .....

4. LOANS HELD AT INSTITUTION: Principal \$.....

Rate .....% Term .....

Date loan granted..... Instalments \$..... Per.....

Date of last payment..... Balance Outstanding \$.....

5. DECLARATION

I/We.....  
 claimant(s) state that this claim is made on behalf of.....and that  
 no part of said debt has been paid, that no endorsement or assignment of the same or any part thereof has been given nor do I/we  
 have any outstanding loans with the said institution save as set out above. I/We certify the above information to be correct and are  
 aware of the penalties for fraudulent claims as stated in Section 44AA(3) of the Central Bank Act (as shown on reverse).

Signed: 1..... 3.....

2..... 4.....

**For DIC use only:**

Balance due on deposit \$.....

Outstanding Loans (if any) \$.....

Amount of insured Claim \$.....

Receiver certificate \$.....

Cross References .....

Claim No.: .....

Date Rec' ..... Date Chk'd.....

Verified .....

Approved .....

INSTRUCTIONS FOR COMPLETION OF CLAIM FORM:

1. Use one form for each deposit held.
2. Please complete using block letters.
3. A pledged deposit is one that is given as collateral either in the failed institution or elsewhere. Please give details in Section 3.
4. If you have a loan with the failed institution enter details in Section 4.
5. Section 44AA(3) of the Central Bank Act (*as amended in Act No.2 of 1986*) reads as follows:

*“Where a depositor falsifies any passbook, certificate of deposit, bank statement or any document claiming title to a deposit with a failed member institution or where a person fraudulently claims to be a depositor either for payment or for the purpose of claiming an insured deposit, that depositor or person is guilty of an offence and liable on summary conviction to a fine of ten thousand dollars or two years imprisonment or both.”*

6. **Do not submit original documents with this form.**
7. Please submit a photocopy of Deposit Certificates.
8. Please include any information you consider important on an additional sheet of paper.
9. Applications must be submitted within 12 months of the closing of the Member Institution by the Central Bank.

**Return completed form and photocopies (where relevant) to:**

**DEPOSIT INSURANCE CORPORATION  
19-20 Victoria Square West  
Port-of-Spain.**