



DEPOSIT INSURANCE CORPORATION

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

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 \$ _____

RECEIPT

I/We the Claimant(s) hereby acknowledge receipt of Deposit Insurance payment of \$.....

I/We understand that in accepting this payment, I/We subrogate our right to the insured amount.

Signed: _____

Witnessed: _____

DIC OR BANK