



PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City, Metro Manila

Receivership and Bank Management Group

In Re: Liquidation of (Name of Bank)

Claim No.: _____

Date: _____

CLAIM FORM

Pursuant to Monetary Board Resolution No. ____ dated _____ placing _____ under liquidation, I/We, the undersigned claimant/s do hereby certify that the bank is justly indebted to me/us in the sum of **PESOS:** _____ (P _____) for the following:

- 1)
- 2)
- 3)
- 4)

All of which is/are due and payable to me/us, having given no assignment of the same or any part thereof, and I/we further declare that I/we know no set-off or other legal or equitable defense to my/our claims or any part thereof.

My/our claim/s is/are evidenced by the following documents, copies of which are hereto attached, the original of which will be produced upon demand:

- Purchase Order
- Delivery Receipt
- Sales Invoice
- Official Receipt (if with partial payment)
- Photocopy of valid ID
- Secretary's Certificate authorizing representative
- For uninsured deposits: passbook/CTD/proof of deposits
- Others, please specify:

It is understood that personal information collected or processed by PDIC as a result of my/our filing of this claim will be used for the purpose of verification and settlement of claims against closed banks and may be shared with other government offices in relation to the performance by PDIC of its mandates to promote and safeguard the interests of the depositing public and help maintain a sound and stable banking system.

 Signature of Claimant over Printed Name
 Gov't Issued ID No.: _____
 Address and Contact No. _____

----- (to be filled up by the Liquidator) -----

Received by : _____
 Signature over Printed Name
 Deputy Receiver/Assisting Deputy Receiver
 For the closed _____

Claim No.: _____
 Date : _____