



PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City, Metro Manila

RECEIVERSHIP AND BANK MANAGEMENT GROUP

ACKNOWLEDGMENT LETTER

Name of Claimant _____
Address _____

Claim No. _____
Date _____

Dear Mr./Ms. _____:

This is to acknowledge receipt of your claim against the assets of the closed _____ filed on _____ amounting to _____.

Please be informed that your claim against the assets of the closed _____ will be evaluated and validated against the records of the closed _____. As soon as said evaluation and validation is completed, we will notify you immediately.

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