



PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City, Metro Manila

RECEIVERSHIP AND BANK MANAGEMENT GROUP

CLAIM CERTIFICATE

Name of Claimant _____
Address _____

Claim No. _____
Date _____

Dear Mr./Ms. _____:

Please be informed that your claim against the assets of the closed _____ filed on _____ amounting to _____ has been validated against the records of the closed _____ and recognized as a valid claim thereof.

Please be advised that the settlement of all valid claims of the bank will depend on the availability of distributable assets of the bank and in accordance with legal priority under the Civil Code of the Philippines and other applicable laws, subject to the approval of the duly constituted Liquidation Court of the bank.¹

Creditors who will participate in the distribution of the assets of the bank will be notified of the filing of the asset distribution plan of the bank with the Liquidation Court.

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

¹ In Re: Petition for Assistance in the Liquidation of the closed _____, Philippine Deposit Insurance Corporation, Petitioner, Spl. Proc. No. _____, Branch _____, Regional Trial Court of _____.