



DEPOSIT PROTECTION CORPORATION (DPC)

CLAIM FOR PAYMENT OF INSURED DEPOSITS

(Complete Part I - III Only)

I (PERSONAL DETAILS)

Name of Closed Bank

Account Number(s)

Name of Account Holder

Account Holder's ID Number

Account Holder's Address

Telephone Number

Email Address

Account Type

Next of Kin: Name & Tel. Number

II (ACCOUNT DETAILS)

1. Total Deposits Claimed \$

2. Insured Amount \$

3. Uninsured Amount \$

(for outstanding balances above the insured amount, please complete the liquidation claim form)

III PAYMENT INSTRUCTIONS

Please Pay By: (Choose one option)

a) Mobile Money Transfer Ecocash (Registered Number)

b) Direct Credit To My Bank

Bank Name Account Holder's Name

Account Number..... Branch Name

Signature (CLAIMANT) Date

Signature (COMMISSIONER OF OATHS) Date

IV (FOR OFFICIAL USE ONLY)

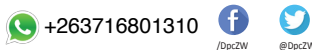
Claim Verified By : Name Signature Date

Approved for Payment By: Name Signature Date

DPC CONTACT DETAILS:

Evelyn House, 26 Fife Avenue / Cnr Blakiston Street, P. O. Box 7390, Harare, ZIMBABWE.
 Telephone : +263 242 251040-44/250900-1/252336/250900-1 | Toll Free: 0800 4345 | Fax:+263 242 252337

Email: claims@dpcorp.co.zw | Website: www.dpcorp.co.zw



Once completed, please scan and email to claims@dpcorp.co.zw or submit at any ZIMPOST office near you.



CLAIM FORM INSTRUCTIONS

1. If the name of the Claimant in Part I of the Claim Form and the recipient in Part II are the same, you need to submit the Claim Form **only**.
2. The claimant (either an individual or corporate submitting the Claim Form) can instruct Deposit Protection Corporation (DPC) to transfer the funds into another person or corporate bank account. In such a case, the following supporting documents will need to be submitted together with the Claim Form:

a) If the Claimant is an Individual:

- Signed affidavit certified by a Commissioner of Oaths authorizing Deposit Protection Corporation (DPC) to deposit funds into the nominated account.
- A copy of the claimant's identity document (National ID, valid passport or valid driver's licence).
- A copy of the nominated person's identity document (National ID, valid passport or valid driver's licence).

b) If the Claimant is a Company / other institutions:

- **Companies:**
 - the latest CR14 proving the claimant is an authorized/rightful representative of the company.
 - an affidavit signed by Directors authorizing Deposit Protection Corporation (DPC) to deposit funds into the nominated account.
- **Co-operative and Societies:**
 - registration documents showing the members or trustees of the organization.
 - an affidavit signed by trustees authorizing Deposit Protection Corporation (DPC) to deposit funds into the nominated account.
- **Churches and Schools:**
 - documentation proving the claimant is an authorized/rightful representative of the church or school.
 - an affidavit signed by school head or church Pastor/Bishop/Priest authorizing Deposit Protection Corporation (DPC) to deposit funds into the nominated account.
 - A copy of the nominated person's identity document (National ID, valid passport or valid driver's licence)
 - Copies of identification particulars (National ID, valid passport or valid driver's licence) of at least two people who would have signed the affidavit (preferably Chairman and Secretary).

▪ **Submission Options:**

After completing the required information, kindly send the Claim Form and any supporting documents using any one of the following convenient channels:

- Submit for **FREE at any ZIMPOST** office near you for onward transmission to DPC.
- Scan and e-mail to: claims@dpcorp.co.zw
- Fax: +263 242 252 337
- Post to Claims Department, Deposit Protection Corporation, Evelyn House, 26 Fife Avenue/Cnr Blakiston Street, P.O. Box 7390, Harare, Zimbabwe.