



DEPOSIT PROTECTION CORPORATION

LOSS OF VALUE CLAIM FORM

(Complete Part I & III Only)

I (PERSONAL DETAILS)

Name of Micro Finance Institution .....

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. Account Bal @20.02.2019

III 2. Amount Payable

**PAYMENT INSTRUCTIONS**

Please Pay By: (Tick one option)

a) Cash

b) Direct Credit To My Bank

Bank Name..... Account Holder's Name .....

Branch Name..... Account Number .....

Signature (CLAIMANT)..... Date.....

IV (FOR OFFICIAL USE ONLY)

Claim Verified By: Name ..... Signature ..... Date.....

Approved for Payment By: Name ..... Signature ..... Date.....