



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 USD

III 2. Amount Payable USD

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.....