



DEPOSIT INSURANCE CORPORATION

Central Bank Building, Eric Williams Plaza, Independence Square, Port of Spain, Phone: 625 – 5020 – 1

Confirmation of Claim

CLAIM # (S) _____

INSTITUTION NAME: _____

CLAIMANTS:

	Surname	First Name	Other Name	ID No.	B.I.R. No.
1.					
2.					
3.					
4.					
5.					
6.					

ADDRESS: _____

All to sign (Y/N):

DEPOSIT OR ACCOUNT # (S)

DEPOSIT LIABILITY \$ _____
DEPOSIT INSURANCE PAYABLE \$ _____
LESS LOANS OFFSET \$ _____
NET INSURANCE PAYABLE \$ _____
UNINSURED AMOUNT \$ _____

This is to certify that this claim in respect of the above account(s) has been approved for the Deposit Insurance payment of \$

Approved by

DIC OFFICIAL

PAYMENT WILL BE MADE AT

NOTE:

- (1) The above mentioned identification is required for payment to be made.
- (2) This form and all original documents evidencing the account must be surrendered to receive payment.
- (3) All queries are to be addressed to the Deposit Insurance Corporation (DIC).