



DEPOSIT INSURANCE CORPORATION

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

Liquidator's Certificate

No. _____

(NAME OF CLOSED MEMBER INSTITUTION)

THIS IS TO CERTIFY THAT

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

ADDRESS:

Is a Creditor of _____

In the amount of \$ _____

Representing the uninsured amount on the following deposits

Approved by:

DIC Official