

FORM KDIC1

KENYA DEPOSIT INSURANCE CORPORATION

CLAIM FOR PAYMENT OF DEPOSITS (in duplicate) NO:

(PART I-V To be filled by Depositor/Claimant)

I Bank/Financial Institution.....
 Depositors Name (s).....
 Name of Person operating the Account

Address.....
 Telephone No.....
 ID No. of the A/C holder (s).....
 Next of Kin.....
 Address.....
 Telephone No.....

II LIST OF DEPOSITS AND LIABILITIES (Amount in Kshs.) as at _____

(a) DEPOSIT BALANCES WITH CHASE BANK LTD (IN LIQUIDATION)			(b) LIABILITIES WITH CHASE BANK LTD (IN LIQUIDATION)		
	A/C NO.	AMT (KSHS)		A/C NO.	AMT (KSHS)
Savings A/C			Term Loan		
Current A/C			Overdraft		
Time Deposits			Guarantees		
Demand Deposits			Others		
Others					
Adjustments			Adjustments		
TOTAL			TOTAL		

III NET POSITION (a Minus b) Kshs.....

IV DETAILS OF SECURITIES PLEDGED :
 TITLE NO:.....
 LOG BOOK/REG NO:.....
 GUARANTEES:.....
 OTHERS:.....

V PAYMENT INSTRUCTIONS

a) Direct Credit to my Bank Account in SBM Bank Ltd

Branch..... Bank Code.....

Branch Code Account Title

Account No.

Signature(s)..... Date

Signature(s)..... Date.....

CONFIRMATION BY SBM BANK LTD

Verified By: Name Signature

Validated By: Name Signature

VI KDIC FOR OFFICIAL USE ONLY

- 1. Total Deposits Claimed
- 2. Adjustments
- 3. Deductions/Liabilities
- 4. Net Adjusted Deposits
- 5. Net Deposits payable
- 6. Amount in Excess of Kshs 500,000

Claim Verified by: Name _____ Signature _____

Claim Approved By: Name _____ Signature _____

DEPOSITOR'S SWORN STATEMENTS

(FOR DEPOSITS ABOVE SHS. 500,000 – ATTACH A SWORN AFFIDAVIT WITH A
COMMISSIONER OF OATHS)

1. I /We _____ solemnly swear that I am of legal age and of sound mind and hereby make oath and state as follows (Name of bank or institutions) on its liquidation was indebted to me / us for the total deposits as indicated above.
2. To the best of my knowledge, information and belief, I am indebted to _____(Name of institution) in the sum of Sh _____ as at _____
3. I/We understand that that the payment of our protected deposits and any dividends will be effected through my /our bank account given by me / us above.
4. I/We hereby assign, transfer and set-off to the said Kenya Deposit Insurance Corporation this paid claim against the said Bank/Institution as per these payment instructions.
5. I/We shall have no claim against the said Bank/Institution now or in the future and hereby subrogate all my / our rights therein to Kenya Deposit Insurance Corporation entirely to the extent of Monies due to me/us.
6. I/We undertake to notify the bank and KDIC of any dispute /Discrepancy I/We may have regarding any claim within 2 years from the date of this claim.

Depositor's signature (s) _____

Depositor's ID Number (s) _____

Date _____

FOR COMPANIES ONLY

Authorized signatories for company

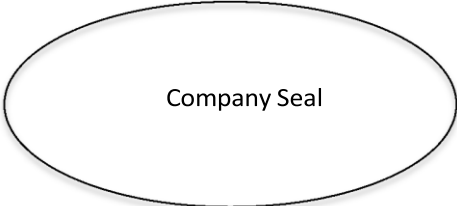
Name: _____ Name: _____

Designation: _____ Designation: _____

ID No: _____ ID No: _____

Officer authorized to collect on behalf of company

Signature: _____ Signature: _____



NOTES (For Individuals and Companies):

1. The following documents are required to attached
 - a. Individual depositors
 - i. Copy of ID or Passport
 - ii. Copy of PIN certificate
 - b. Companies, Registered Business Firms and other corporations
 - i. Copy of certificate of incorporation.
 - ii. Letter of Authority to make the claim signed by the authorized signatories as per the mandates held by the institution.
 - iii. Copy of IDs of the authorized account signatories
 - iv. Copy of PIN Certificate for the Company