

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 IMPERIAL BANK LTD (IN LIQUIDATION) | | | (b) LIABILITIES WITH IMPERIAL 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 | | |

Note: If more than one savings, current, deposit or facilities accounts, attach additional sheet

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(Bank name)

Account Name: Branch

Bank Code Branch Code

Account No.

Signature(s) Date

Signature(s) Date

VI KDIC FOR OFFICIAL USE ONLY

CONFIRMATION BY IMPERIAL BANK LTD (IN LIQUIDATION)

1. Total Deposits Claimed
2. Adjustments(**actual deposit position in IBL books**)
3. Deductions/Liabilities
4. Net Adjusted Deposits
5. Net Deposits payable
6. Amount in Excess of Kshs 500,000

Deposits Processed By: Name Signature

Deposits verified By: Name Signature

Loans Processed By: NameSignature

Loans verified By: NameSignature

Confirmed By: Name Signature

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

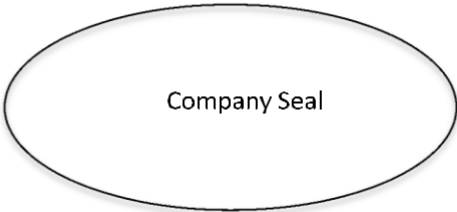
Name: _____ Name:

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