

**PHILIPPINE DEPOSIT INSURANCE CORPORATION**

Makati City, Metro Manila

**RECEIVERSHIP AND BANK MANAGEMENT GROUP**

In Re: Liquidation of \_\_\_\_\_

**CLAIM FORM**

Pursuant to Monetary Board Resolution No. \_\_\_\_\_ dated \_\_\_\_\_ placing \_\_\_\_\_ under liquidation, I/We, the undersigned claimant/s, do hereby certify that the Bank is justly indebted to me/us in the sum of Pesos: \_\_\_\_\_ ( P \_\_\_\_\_ ) for the following:

- 1)
- 2)
- 3)
- 4)

All of which is/are due and payable to me/us, having given no assignment of the same or any part thereof, and I/We further declare that I/We know no set-off or other legal or equitable defense to any/our claim/s or any part thereof.

My/our claim/s is/are evidenced by the following documents (pls. check):

- Purchase Order
- Delivery Receipt
- Sales Invoice
- Official Receipt (if with partial payment)
- Photocopy of valid ID
- Secretary's Certificate authorizing representative
- Others (pls. specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies of which are hereto attached, the original of which be produced upon demand.

\_\_\_\_\_  
( Place and Date )

\_\_\_\_\_  
Signature of Claimant Over Printed Name

Comm. Tax Cert. \_\_\_\_\_  
Issued at \_\_\_\_\_  
On \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant Over Printed Name

Comm. Tax Cert. \_\_\_\_\_  
Issued at \_\_\_\_\_  
On \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No. \_\_\_\_\_

\_\_\_\_\_  
( To be filled up by the Receiver )

Received by:

\_\_\_\_\_  
Date \_\_\_\_\_

Claim No. \_\_\_\_\_

To be accomplished in three ( 3 ) copies:

- 1. Original and another copy for the Receiver
- 2. One copy to be returned to the claimant