

**PHILIPPINE DEPOSIT INSURANCE CORPORATION**

SSS Bldg, Ayala Ave. Cor. V.A. Rufino St., 1226 Makati City, Philippines

Telephone No. 841-4630 to 4631 Toll Free: 1-800-1-888-7342 (PDIC)

Email: PAD@pdic.gov.ph(Please refer to the PDIC website: www.pdic.gov.ph for additional instructions in the filing of claim.)**CLAIM FORM**

Name of Bank: _____	For PDIC Use Only
Branch: _____	Bank Code: _____ Date: _____ Claim No.: _____

Personal Information (PRINT legibly)

Name of Depositor: _____			
Complete Mailing Address (Do not abbreviate)			
House No. _____	Street _____	Barangay _____	
Town / City _____	Province _____	Zip Code _____	
Date of Birth: _____	Home Phone: _____		
Email Address: _____	Mobile Phone: _____		
Spouse's Name: _____	Mother's Maiden Name: _____		

I am the bona fide owner/co-owner of, or agent of the depositor for, the following accounts (the "Account"):

I hereby file this claim for deposit insurance for the Account. There exists no conflict or dispute arising from my ownership and possession thereof. The Account is my legitimate deposit with the bank.

Under pain of perjury and Section 26 (h) (1) of Republic Act 3591, as amended (filing of fictitious and/or fraudulent claim for deposit insurance), I hereby certify to the truth and accuracy of my statements herein, as well as all information and documents I have provided PDIC. I hereby authorize PDIC to verify or confirm with the appropriate issuing agency/agencies the authenticity of any and all documents I submitted.

I hold myself liable to any person, natural or juridical, who may be prejudiced by my representations, and I undertake to hold them free and harmless from any and all liabilities, civil or criminal, that may arise from these representations. I hereby undertake to immediately refund PDIC, thru its duly authorized officers and employees, without need of demand, the amount paid to me by way of deposit insurance including interest thereon in the event of excessive and undue payment, due to any of my representations or declarations, or in case of payment made through mistake or inadvertence, or payment which, in the course of audit, is disallowed under COA rules and regulations. I further undertake to indemnify PDIC, the bank and/or third parties for any loss or damage occasioned by such payment. I hereby release and discharge PDIC from any and all obligations in connection with this claim.

I understand that this deposit insurance claim shall also serve as my claim against the bank for any portion of the Account not covered by deposit insurance, provided that this is filed within sixty (60) days from the date of publication of the notice of bank closure.**IN WITNESS WHEREOF**, I have hereunto set my hand on the day and at the place written below._____
Signature of Depositor/Claimant over Printed Name**SUBSCRIBED AND SWORN TO** before me in _____, this _____ day of _____, by affiant who has satisfactorily proven his/her identity through his/her _____ issued on _____ in _____.

Notary Public/Claim Examiner

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.**Computation of Insured Amount (For PDIC Use Only)**

Account Name	Type/Account No.	Adj. Balance	Excess	Net Insured
TOTALS :				

Signature Verified Against: <input type="checkbox"/> Signature Card <input type="checkbox"/> Subsidiary Ledger <input type="checkbox"/> No Specimen Sig <input type="checkbox"/> Duplicate CTD <input type="checkbox"/> Sec. Cert/Resolution <input type="checkbox"/> SPA <input type="checkbox"/> Valid ID <input type="checkbox"/> Others _____ 1. _____ 2. _____ 3. _____ 4. _____	Processed/Signature Verified by : _____ ACE/CE	Approved by : _____ Approver
---	---	---