



PHILIPPINE DEPOSIT INSURANCE CORPORATION

SSS Bldg, Ayala Ave. Cor. V.A. Rufino St., 1226 Makati City, Philippines
 Telephone No. 8841-4141 Toll Free: 1-800-1-888-7342 (PDIC)
 Email: pad@pdic.gov.ph

CLAIM FORM

Bank deposit mo, protektado!

(Please refer to the PDIC website: www.pdic.gov.ph for additional instructions in the filing of claim.)

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

By affixing my signature, I also hereby acknowledge to have read and understood the contents of the Privacy Notice at the back of this Claim Form.

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 : <hr style="border: 1px solid black;"/> <p style="text-align: center;">ACE/CE</p> | Approved by : <hr style="border: 1px solid black;"/> <p style="text-align: center;">Approver</p> |
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PRIVACY NOTICE

The PDIC is committed to ensure that your personal data are protected and secured. We only use your personal data for the purpose of providing services pursuant to our mandate. Our privacy policy values and protects your personal data under the Data Privacy Act of 2012.

We collect any or all of the following personal data from you when you submit to us your deposit insurance claims, complaints, inquiries or requests through various modes (phone, mail, email, social media and personal submission) or when we take custody of records of closed banks as statutory receiver :

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|-------------------------------|--|
| Full name | Contact numbers |
| Marital status | Face/photo, signature/fingerprints |
| Name of spouse, if applicable | Government identification numbers |
| Citizenship/nationality | Deposit account information |
| Home address | Loan information |
| Email address | Any other personal data collected as may be applicable |

Personal data collected or processed is used only for the following purposes :

| | |
|--|---|
| Settlement of deposit insurance claims | All transactions involving closed banks |
| Loan collection | Such other purpose/s as may be applicable |
| Verification and settlement of claims against closed banks | |

Personal data may be shared with other government offices as required by law or lawful order, or for the purpose of performing a public function, or providing public service. The sharing of personal data with other government agencies is subject to the adoption of adequate safeguards for data privacy and security as embodied in a sharing agreement.

Only authorized PDIC personnel has access to these personal data. Physical and digital records of personal data collected will be stored in accordance with the retention periods as provided under existing rules and regulations but in no case shall retention be longer than necessary to achieve its purpose. After such periods, they shall be disposed of through the applicable methods for destruction as provided under existing guidelines.

You may request for a copy of any personal data we hold about you and to ask for its correction or revision if you think it is inaccurate or incomplete.

If you have any request regarding your personal data or suggestion to our privacy notice, please email us at pad@pdic.gov.ph or contact us at (02)8841-4141/ 1-800-1-888-7342.

You may also contact our Data Protection Officer thru the following :

Address : 6th Floor, SSS Building
6782 Ayala Avenue cor. V.A. Rufino St.
Makati City, 1226 Philippines

Tel. No.: (02) 8841-4302
Email : dpo@pdic.gov.ph