



CLAIM FORM

Name of Bank: _____ Branch : _____	For PDIC Use Only Bank Code: _____ Date: _____ Claim No.: _____						
Depositor Name : _____ (Name of Individual Depositor, Business Name, Name of Registered & Unregistered Association)							
Name of Authorized Representative/s (if applicable) : _____							
Complete Mailing Address of Depositor/Representative (Do not abbreviate) _____ <table style="width:100%; border:none;"> <tr> <td style="width:33%;">House/Building No.</td> <td style="width:33%;">Street Name</td> <td style="width:33%;">Barangay</td> </tr> <tr> <td>Town/City</td> <td>Province</td> <td>Zip Code</td> </tr> </table>		House/Building No.	Street Name	Barangay	Town/City	Province	Zip Code
House/Building No.	Street Name	Barangay					
Town/City	Province	Zip Code					
Depositor/Representative Contact Number/s: Mobile Phone No.: _____ Home Phone No.: _____ Business Phone No.: _____							
Email Address: _____							

Personal Information (for Individual Depositor only)

Date of Birth: (mm/dd/yyyy) _____ Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Name: _____ Mother's Maiden Name: _____
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I am the bona fide owner/co-owner of, or agent of the depositor for, the following accounts (the "Account Number"):

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 (g) (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, through 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 acknowledge to have read and understood the contents of the Privacy Notice included in the Claim Form.

IN WITNESS WHEREOF, I have hereunto set my hand on the day and at the place written below.

 Signature of Depositor/Claimant (Authorized Representative/s) 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"/> No Specimen Signature Card <input type="checkbox"/> Signature Card <input type="checkbox"/> Subsidiary Ledger <input type="checkbox"/> SPA <input type="checkbox"/> Duplicate CTD <input type="checkbox"/> Sec. Cert/Resolution <input type="checkbox"/> Others _____ <input type="checkbox"/> Valid ID 1. _____ 3. _____ 2. _____ 4. _____	Processed/Signature Verified by : _____ ACE/CE	Approved by : _____ Approver
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DEPOSIT INSURANCE PAYMENT OPTIONS

Bank deposit mo, protektado!

Name of Depositor: _____ Account Number: _____

Name of Closed Bank/Branch: _____ Signature: _____

FOR PESO ACCOUNT

Please Check (✓) One

Check

A Check payment is issued for payee's account only and for deposit with any local bank. The check is available for pick up by the depositor or a duly authorized representative with SPA at PDIC or may be sent through registered mail delivered to addressee only.

Note: For Business Entity the only available payment option is CHECK for payee's account only.

Cash Over the Counter (COTC) at the Land Bank of the Philippines (LBP)

COTC is CASH payment disbursed by a designated LBP Servicing Branch to depositor only.

Credit to depositor's existing bank account

A secured electronic fund transfer directly credited to depositor's existing personal bank account. Corresponding bank charges may be imposed.

Name of Bank: _____

Account Name: _____

Account Number: _____

Electronic Money Issuers (EMIs)

Deposit insurance payment will be transferred through GCash, PayMaya or DCPay. To opt for the EMI, the account should be registered in the name of the depositor and the limit should be able to accommodate the amount of insurance payment to be transferred to the EMI account.

This is subject to the transaction limits set by the EMIs.

GCash

Account Name: _____ Account Number: _____

PayMaya

Account Name: _____ Account Number: _____

DCPay

Account Name: _____ Account Number: _____

LBP Cash Card

The Cash Card is a stored value card containing the amount of the insured deposit which can be withdrawn via Automated Teller Machine (ATM). It has a combination functions of debit card and an ATM. Depositor can withdraw with any bank. **The PIN Mailer and the Cash Card are released directly to the depositor through personal pick up at PDIC.**

OUTGOING TELEGRAPHIC TRANSFER (OTT) - Recommended for depositors residing abroad

The OTT is the remittance of insured deposit payment to depositor's dollar account abroad. Depositors to coordinate with PDIC thru **CSD@pdic.gov.ph** for the requirements. **Bank charges imposed by the bank will be for the account of the depositor.**

FOR FOREIGN CURRENCY ACCOUNT

US Dollar (USD)

Deposit insurance payment in dollar will be released by a designated Land Bank Servicing Branch to be personally claimed by the depositor.

Philippine Peso (PhP)

Depositor may opt to be paid in Philippine Peso. Please refer to options under Peso Account. Conversion rate shall be based on the prevailing rate as of the closed bank takeover date.

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:

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	Conduct of customer satisfaction surveys
Verification and settlement of claims against closed banks	Such other purpose/s as may be applicable

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 information 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 information. 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) 8841-4630/ 1-800-1-888-7342.

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

Address: 2nd Floor, PDIC Chino Building
2228 Chino Roces Avenue
Makati City 1231, Philippines

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