



PHILIPPINE DEPOSIT INSURANCE CORPORATION
SSS Bldg, Ayala Ave. Cor. V.A. Rufino st., 1226 Makati City, Philippines
Telephone No. 841-4630 to 31

CLAIM FORM

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

Personal Information

Name of Depositor / Claimant:			
First Name	Middle Name	Last Name	
Address:			
House No.	Street	Barangay	
City	Province	Zip Code	
Date of Birth: (mm/dd/yyyy)	Home Phone:		
TIN :	Mobile Phone:		
GSIS/SSS No.:	Email Address:		
Spouse's Name:		Date of Birth:	
First Name	Middle Name	Last Name	(mm/dd/yyyy)
Mother's Maiden Name:		Date of Birth:	
First Name	Middle Name	Last Name	(mm/dd/yyyy)

Account Information

#	Account Type*	Account Number	Co-Depositor's Name			Co-Depositor's Name		
1			First Name	Middle Name	Last Name	First Name	Middle Name	Last Name
2			First Name	Middle Name	Last Name	First Name	Middle Name	Last Name
3			First Name	Middle Name	Last Name	First Name	Middle Name	Last Name

*Account Type Legend: SA – Savings Account; CA – Current Account; SSA – Special Savings Account; CTD – Certificate of Time Deposit.

☐ I certify that I am indebted/obligated to the bank either as principal borrower, co-principal, co-maker, or as guarantor or surety for any debt, or I have money or property accountability to the bank.

☐ I certify that I am not indebted/obligated to the bank either as principal borrower, co-principal or co-maker, neither am I guarantor nor surety for any debt, nor do I have money or property accountability to the bank.

I, the undersigned, solemnly swear that I am the owner/co-owner of the abovementioned account/s and I am holding myself liable to any person, natural or juridical, that may be prejudiced by my representations, in addition to other liabilities, civil or criminal, that may arise therefrom. I further release and discharge PDIC from any and all obligations in connection with this claim.

Under pain of perjury and other applicable penalties, I hereby certify to the truth and accuracy of the statements I made above and any and all information and documents I may or have provided to PDIC.

I hereby authorize PDIC to verify or confirm with appropriate issuing agency/agencies the authenticity of any and all documents submitted.

I further agree to receive from PDIC the payment of insured deposit with the closed _____, which in no case exceeds the Maximum Deposit Insurance Coverage (MDIC) in accordance with R.A. 3591, as amended. If discovered later that PDIC made any undue payment or overpayment on my insured deposit with the bank due to any of my representation/s or declaration/s, I undertake to refund the undue payment received or amount of overpayment and indemnify PDIC and/or the bank for any loss or damage.

Signature of Depositor/Claimant over Printed Name

SUBSCRIBED AND SWORN TO before me in _____, this ____ day of _____, affiant having exhibited to me his Community Tax Certificate No. _____ issued at _____ on _____.

Notary Public/ Claim Examiner

~For PDIC Use Only~ Signature Verified Against:	Signature Verified by:
<input type="checkbox"/> Signature Card <input type="checkbox"/> Subsidiary Ledger <input type="checkbox"/> Valid ID; ID #1 _____	_____
<input type="checkbox"/> Duplicate CTD <input type="checkbox"/> Affidavits #2 _____	Claim Examiner
<input type="checkbox"/> Others _____	Date: _____

INSTRUCTIONS IN FILING CLAIM WITH PDIC

Requirements:

1. **PDIC Claim Form**

Fill out all entries in the Claim Form. Please ensure that the depositor/claimant signs on the blank provided for “Signature of Depositor/Claimant over Printed Name” with his/her signature as appearing in bank records and IDs to be submitted to PDIC.

2. **Original Evidence of Deposit**

- Passbook for Savings Account
- Certificate of Time Deposit
- Latest bank statement and unused checks for current/checking account
- ATM Card

3. **Original and photocopy of two (2) valid photo-bearing IDs** with clear signature of depositor/claimant such as passport, SSS/GSIS ID, PRC ID, Senior Citizen ID, Driver’s License, TIN, Voter’s ID/Registration.

Options on how to file your Claim:

- Submit personally to the PDIC representative assigned at the closed bank or at a designated site; or
- Submit personally at the 4th Flr., SSS Bldg., Ayala Avenue corner V.A. Rufino St., Makati City.

Upon evaluation of your claim and documents submitted, other requirements may be requested by PDIC to complete the processing of your claim.

GABAY SA PAGPA-FILE NG CLAIM SA PDIC

Mga Kailangan:

1. **PDIC Claim Form**

Punan ang lahat ng “Entries” sa Claim Form. Tiyaking pirmado ng depositor/claimant ang patlang na “Signature of Depositor/Claimant over Printed Name”. Siguraduhin ding ang pirma ay katulad ng pirma sa bangko at mga isusumiteng ID sa PDIC.

2. **Orihinal na katibayan ng deposito:**

- *Passbook para sa Savings Account*
- *Certificate of Time Deposit*
- *Pinakahuling bank statement at mga di-nagamit na tseke para sa Current/Checking Account*
- *ATM Card*

3. **Orihinal at kopya ng dalawang (2) valid IDs** na may litrato at malinaw na pirma ng depositor o ng kanyang kinatawan, tulad ng passport, SSS/GSIS ID, PRC ID, Senior Citizen ID, Driver’s License, TIN, Voter’s ID/Registration.

Mga Pamamaraan Kung Paano o Saan Ipa-file ang Claim:

- *Ibigay sa mga kinatawan ng PDIC na nakatalaga sa nagsarang bangko or itinalagang lugar;*
- *Magsadya sa opisina ng PDIC sa 4th Flr., SSS Bldg., Ayala Avenue corner V.A. Rufino St., Makati City.*

Matapos ang pagsusuri ng inyong claim at ng mga dokumento na isinumite, maaring humingi ang PDIC ng karagdagang dokumento o iba pang “requirements” para makumpleto ang pagproseso ng inyong claim.