



PHILIPPINE DEPOSIT INSURANCE CORPORATION

SSS Bldg, Ayala Ave. Cor. V.A. Rufino St.,
Makati City, Philippines
Telephone No. 841-4630 to 31

**Claim Status Sheet
(CSS)**

(To be filled-up by depositor/claimant)	ACCOUNT INFORMATION	FOR PDIC USE ONLY	
Name of Bank :	Branch:	Bank Code:	Claim No:
Name of Depositor/Claimant :			
_____	_____	_____	
First Name	Middle Name	Last Name	

(For PDIC use only) DOCUMENTS SUBMITTED

We hereby acknowledge receipt of the Claim Form with the following documents :

___ Original Savings Passbook of Account No.	[1] _____;	[2] _____;	[3] _____
___ Original Current Passbook of Account No.	[1] _____;	[2] _____;	[3] _____
___ Unused Checks for Account No.	[1] _____;	[2] _____;	[3] _____
___ Original CTDs of Account No.	[1] _____;	[2] _____;	[3] _____
___ Photocopy of Valid IDs with ID No.	[1] _____;	[2] _____;	[3] _____
___ Photocopy of Birth Certificate of _____	[1] _____;	[2] _____;	[3] _____
___ Secretary Certificate/SPA _____	[1] _____;	[2] _____;	[3] _____

Authorized Representative/Atty-in-Fact

Received by _____
 PDIC Representative : Name _____
 Date (mm/dd/yy) _____

___ Others _____

STATUS OF CLAIM

A. DOCUMENT DEFICIENT :
 Please submit/comply with the following requirements (marked ✓ below):

- ___ Photocopy of Valid ID's with signature
- ___ Bank Statement
- ___ Notarized Affidavit of Guardianship
- ___ Notarized Affidavit of Disinterested Persons
- ___ BIR Estate Tax Clearance
- ___ BIR Certificate Authorizing withdrawal of Deposit
- ___ Board Resolution
- ___ Certificate of Registration (SEC / DTI/ CDA)
- ___ Special Power of attorney, if executed abroad must be authenticated by Phil. Consulate
- ___ Notarized Secretary's Certificate re: Authorized Representative
- ___ List of Incumbents Officers
- ___ Notarized Affidavit of Deed of Extra Judicial Partition of the Estate (duly filed with BIR)
- ___ Notarized Affidavit of Self-adjudication
- ___ Notarized Deed of Undertaking
- ___ * Marriage Certificate of _____
- ___ * Birth Certificate of _____

DEADLINE FOR SUBMISSION/COMPLIANCE: _____

- ___ * Death Certificate of _____
- ___ Others _____
- ___ Statement of Account **
- ___ Account/Clearance as : ___ Borrower ___ Co-Maker
 ___ DOS ___ Others
- ___ Certification of Outstanding Balance and absence of bank records in case of lost evidence of deposit **

* Please present original copy and submit photocopy
 ** To be secured from Authorized Deputy of _____

This serves as a NOTICE of the requirements of the claim. Pursuant to PDIC policy, failure to submit/comply with the above listed requirements on or before the deadline shall be ground for denial of your claim. Documents to be submitted by mail should be addressed to the:

Claims Processing Department
 Philippine Deposit Insurance Corporation
 4th floor, SSS Bldg., Ayala Ave. cor. V.A. Rufino Street
 1226 Makati City, Philippines

B. REFERRED TO RECEIVERSHIP & LIQUIDATION DEPARTMENT
 For bank documents/clearance/certification/statement of loan account

C. REFERRED TO PRESETTLEMENT EXAMINATION DEPARTMENT
 For validation of the account

D. DENIED CLAIM
 Based on verification/examination of available bank records, your account is not covered by deposit insurance due to _____. Accordingly, we regret to inform you that your deposit insurance on said account is **DENIED**. Pursuant to PDIC Regulatory Issuance No. 2011-03, you may request for a reconsideration of the denial of your claim within **sixty (60)** days from receipt hereof, otherwise, this denial shall be deemed final. For the procedures, requirements and the format of the request for reconsideration, you may visit our website at www.pdic.gov.ph.

Received original passbook/CTD/Bank statement & Unused Checks. Received Status of Claim / With deadline for submission of documents

Processed by: _____ Received by : _____

_____ Date _____ Depositor/Claimant _____ Date _____

NOTE: For any inquiries, please call the Public Assistance Department Hotlines at 841-4630 to 4631.

SWORN STATEMENT

___ 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 Claimant/Depositor 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