



# PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City, Metro Manila

## Receivership and Bank Management Group

### LIST OF DOCUMENTARY DEFICIENCY/IES

Name of Claimant \_\_\_\_\_  
Address \_\_\_\_\_

Claim No. \_\_\_\_\_  
Date: \_\_\_\_\_

Dear Mr./Ms. \_\_\_\_\_:

Please submit the following additional documents to PDIC within the sixty (60) days from \_\_\_\_\_ or until \_\_\_\_\_.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The period to submit the foregoing documents may be extended for a maximum period of fifteen (15) working days upon written request of the claimant and on meritorious grounds.

Failure to submit the foregoing documents within the allowed period shall result in the disallowance of your claim.

\_\_\_\_\_  
Signature over Printed Name  
Deputy Receiver/Assisting Deputy Receiver  
For the closed \_\_\_\_\_