



PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City, Metro Manila

RECEIVERSHIP AND BANK MANAGEMENT GROUP

NOTICE OF DISALLOWANCE

Name of Claimant _____
Address _____

Claim No. _____
Date _____

Dear Mr./Ms. _____:

Pursuant to Section 16 (L) of RA 3591, as amended by RA 10846, please be informed that your claim against the assets of the closed _____ was disallowed for failure to file the claim within sixty (60) days from date of publication of the Notice of Closure of _____ on _____. Under the law, claims filed outside the said period shall be disallowed.

You have sixty (60) days from receipt of this Final Notice of Disallowance to file your claim with the Liquidation Court¹.

Signature over Printed Name
Deputy Receiver/Assisting Deputy Receiver
For the closed _____

¹In Re: Petition for Assistance in the Liquidation of the closed _____, Philippine Deposit Insurance Corporation, Petitioner, Spl. Proc. No. _____, Branch _____, Regional Trial Court of _____.