

The Sector Head

Deposit Insurance Sector
Philippine Deposit Insurance Corporation
SSS Bldg., 6782 Ayala Ave. corner Rufino St.
Makati City 1226

REQUEST FOR RECONSIDERATION

Republic of the Philippines)
_____ **)S. S.**

I, _____, Filipino, married/single, of legal age, with permanent residence at No. __, _____, after having been duly sworn to in accordance with law, do hereby depose and state:

(1) On (insert date), I filed a claim for deposit insurance with the Philippine Deposit Insurance Corporation (PDIC) under Claim No. (insert number) for my deposit with the closed (name of closed bank) under CTD/Passbook No.____;

(2) On _____, the PDIC denied my claim for deposit insurance on the subject account/s, as shown by the attached letter (Annex "A");

(3) I am requesting for the reconsideration of the decision denying my claim for deposit insurance and, in support of my request, state the following:

state and discuss the legal and factual basis for reconsideration and attach the original/certified true copies of documents in support of the request, including evidence of fund inflow to the bank, whenever applicable.

(4) I am expressly waiving my rights under Republic Act No.1405, as amended, Republic Act No. 6426, as amended, Republic Act 8791, and other similar laws on the confidentiality of bank deposits. For this purpose, I authorize PDIC and its officers, employees or agents to examine, inspect or inquire into any or all of my bank deposit records in any bank relative to my claim for deposit insurance;

(5) I authorize PDIC and its officers, employees or agents to check and verify: (a) the genuineness and authenticity of the documents I have submitted; and (b) the truthfulness of my allegations in support of my request;

(6) The documents I am submitting existed prior to bank closure and have not been submitted to PDIC when I filed my claim;

(7) The allegations I made in this Affidavit are true and correct of my own personal knowledge and based on authentic records.

(Depositor's signature over printed name)

SUBSCRIBED AND SWORN to before me in the Municipality/City of _____, this ___ day of _____ by the affiants, who have satisfactorily proven their identities to me, that they are the same persons who personally signed the foregoing request for reconsideration before me and acknowledged that they executed the same.

NOTARY PUBLIC

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Page No. ____
Book No. ____
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