



# NIGERIA DEPOSIT INSURANCE CORPORATION

MAMMAN KONTAGORA HOUSE, 23A MARINA, P M B 12881, LAGOS

Tel: 01-2647836, 8943388, 2663424 Fax: 01-2646827

e-mail [liquidation@ndic-ng.com](mailto:liquidation@ndic-ng.com)

CLAIM NO: .....

## CLAIM FOR PAYMENT OF UNINSURED DEPOSITS

.....(IN LIQUIDATION)  
(Name of Closed Bank)

1. i) DEPOSITOR(S).....  
(Please Print Surname First)
- ii) AUTHORISED SIGNATURE(S) .....
- iii) POSTAL ADDRESS: .....

2. List type of deposits claimed: (Document attached)

	<u>Type of Deposit</u>	<u>Account / Passbook / Cert. No/ Other</u>	<u>Amount</u>
a.	Demand Deposit(s) .....		₦ .....
b.	Savings Deposit(s).....		₦ .....
c.	Time Deposit(s) .....		₦ .....
d.	Interbank Placements .....		₦ .....
e.	Domiciliary Accounts .....		₦ .....
f.	Others: (Please Specify).....		₦ .....
	.....		₦ .....
	.....		₦ .....

**Total Deposit Claimed:** ₦ .....

3. **(Do not fill - for use of NDIC only)**  
**Add (Deduct) - Adjustments:**  
..... ₦ .....
- ..... ₦ .....
- ..... ₦ .....
- Total Deposits claimed (As adjusted) ₦ .....
- Deducted Insured Deposit Paid ₦ .....
- UNINSURED DEPOSIT PAYABLE** ₦ .....

Claim Verified by: .....

Approved for Issuance of Liquidator's Certificate

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Claim Agent Name & Signature

### CERTIFICATE OF RETURN OF DEPOSITOR'S EVIDENCES

This is to certify that the Nigeria Deposit Insurance Corporation has returned to me/us passbook/documents and or such evidences of my/our claim presented for verification.