



# NIGERIA DEPOSIT INSURANCE CORPORATION

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CLAIM NO: .....

## INSURED DEPOSIT PAYMENT SLIP

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

Agent Bank / Pay Centre: ..... Branch .....

Claimant's Name .....  
(Please Print Surname First)

Address: .....  
.....

Account Number	Type of Account	Amount Claimed	Total Amount Claimed in Words	Insured Amount Paid

Total Indebtedness (if any) ₦.....

I/We hereby acknowledge the receipt of the above stated amount(s).

Claimant's Signature (or finger print if illiterate) : .....

Signature Verified by : ..... Paid by : .....

### CONDITIONS OF PAYMENT

- (1) The Agent Bank is only authorised to make payment of the amount due to each depositor as contained in the register. A depositor having a claim not in agreement with the amount in the deposit register should complete claim form and file same with the Agent Bank.
- (2) Depositor must sign this slip in the presence of the cashier and surrender all documents issued by the closed bank before payment can be made.
- (3) All rights against the closed bank are hereby subrogated to Nigeria Deposit Insurance Corporation (NDIC) by a paid depositor as provided by S.27 (2) of the Nigeria Deposit Insurance Corporation Act No. 22 of 1988.