

Bank Received Stamp

FORM IBLIR-DTB-KCB CLAIM/RETENTION
KENYA DEPOSIT INSURANCE CORPORATION
CLAIM FOR PAYMENT OF DEPOSITS (in triplicate)

Photograph

(PART I-IV To be filled by Depositor/Claimant)

I Bank/Financial Institution IMPERIAL BANK LIMITED – IN RECEIVERSHIP

Depositors Name (s) _____

Address _____

Telephone No _____

ID/Passport No. of the A/C holder (s) _____

Legal representative (if applicable) _____

Address _____

Telephone No. _____

II LIST OF ACCOUNTS HELD as at 12th October 2015

	CUSTOMER IDENTIFICATION NUMBER (IF KNOWN):		
	ACCOUNT NUMBER	CURRENCY	AMOUNT (IF KNOWN)
Savings Accounts			
Current Accounts			
Fixed /Call Deposits			
Others			

III. PAYMENT INSTRUCTIONS (All Payments to be in Kenya Shilling equivalent)

Pay to Bank Name		Branch Name	
Account Number			

IV. DEPOSITOR'S SIGNATURE(S) NB: Signatures appended as per mandate held at Imperial Bank Limited – In Receivership

Name:	Signature:	Name:	Signature:
Name:	Signature:	Name:	Signature:

FOR OFFICIAL AGENT BANK – DTB OR KCB USE ONLY – Signature and Identification documents verified

Verified by Name:		Verified by Name::	
Signature		Signature	

FOR OFFICIAL KDIC USE ONLY

Claim Verified by Name:		Claim Authorized by Name:	
Signature		Signature	
Amount Approved/Rejected			Date:

DOCUMENTS REQUIRED WITH CLAIM

INDIVIDUAL

• Copy of ID/Passport
• Photograph Obtained*3
• Birth Certificate (Minor)

SOLE PROPRIETORSHIP ACCOUNT

• Copy of ID/Passport
• Photograph Obtained*3
• Registration Certificate

PARTNERSHIP ACCOUNT

• Copy of ID/Passport
• Photograph Obtained*3
• Registration Certificate

LIMITED COMPANY ACCOUNT

• Copy of ID/Passport of Authorized Directors
• Photograph of Directors Obtained*3
• Copy of Certificate of Incorporation

CLUB/SOCIETY/ASSOCIATION/TRUST

• Photographs of Signatories*3
• Copies of ID/Passport of Signatories