



**IN THE MATTER OF FBME BANK LTD (UNDER LIQUIDATION)
CLAIM FORM**

**Director,
Deposit Insurance Board,
2 Mirambo Street,
11884 Dar e Salaam**

1.0 CLAIMANT DETAILS

- (i) Full Name:
- (ii) Postal Address:
- (iii) Residential Address (Village/Street): Ward:
- District: Region:
- (iv) Identification Number:
- (v) Phone Number:
- (vi) Email:

2.0 DETAILS OF CLAIM

a) Depositors with amounts exceeding TZS 1,500,000 in words One Million Five Hundred Thousand Shillings (Depositors with amount above insured Deposits)

I/We, the undersigned, (account holder(s)/administrator of the estate) of P.O. Box (Address) claim payment of my/our deposits exceeding the insured deposit of One Million Five Hundred Thousand Shillings, as part of the liquidation proceeds, as follows:

S/N	Name of the Account	Account Number	Amount	Additional Details

b) Other Creditors

I/We, (creditor's name) claim payment as follows:

S/N	Name of the Creditor	Account Number	Amount	Additional Details

3.0 CLAIM PAYMENT

Claim payments to be made through:

- (i) Account Number:
- (ii) Account Name:
- (iii) Bank Name:
- (iv) Bank Branch:

4.0 CLAIM VERIFICATION

I/We attach the following documents to verify my/our claim of TZS/USD/EURas of 8th May 2017, the date which the bank was placed under liquidation:

- (i)
- (ii)
- (iii)

5.0 DECLARATION

I/We declare that the information provided is true to the best of my/our knowledge/information received from:

Claimant's Signature: Date:

6.0 FOR OFFICE USE

(a) Receipt of Claims

Claims received on: **(date)** at **(location)**

(b) Assessment and Decision by the Liquidator on Claims

After internal verification:

(i) These claims have been accepted/rejected (**strike out whichever is not applicable**).

(ii) Amount of accepted claims:

(iii) Reason for rejection (if any or specify if all claims are rejected):
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.....
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Name:

Signature:

Position:

Date: