



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

CLAIM NO: _____

UNINSURED DEPOSITS SWORN STATEMENT (FOR INDIVIDUALS)

_____ (IN LIQUIDATION)
(Name of Closed Bank)

SWORN STATEMENT in connection with my/our claim for uninsured deposit with closed _____
_____ (IN LIQUIDATION) pursuant to S. 27(1) (b) (i)
(Name of Closed Bank)
of the Nigeria Deposit Insurance Corporation Act No. 22 1988.

1. Name:

Occupation/Profession

Nationality.....

Present Residential Address

2. I maintain _____ Deposit account(s) at _____
(Number of Accounts) (Closed Bank)
as at _____ 20____
(Date of Bank Closure)

I swear to this statement in good faith and in accordance with the Oaths Act of 1963 and I agree to receive from the Nigeria Deposit Insurance Corporation (NDIC) any liquidation dividend declared on my uninsured deposit with the _____
(Name of Closed Bank)

Date at this Day of 20.....

.....
DEPOSITOR / DEPONENT
Name & Signature



ILLITERATE JURAT

The foregoing having been read and interpreted to)
_____)
(Deponent))
in _____ language by)
me _____ (sworn interpreter)
when he seemed perfectly to understand same)
before appending his left thumb print hereto)

LEFT THUMB PRINT

SWORN TO AT THE HIGH COURT REGISTRY / NOTARY

PUBLIC OFFICE _____ this _____ day of
_____ 20.....

BEFORE ME

COMMISSIONER FOR OATHS / NOTARY PUBLIC