



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 COMPANIES)

_____ (IN LIQUIDATION)
(Name of Closed Bank)

SWORN STATEMENT in connection with my/our claim for uninsured deposit with the closed
.....(IN LIQUIDATION) pursuant to
(Name of Closed Bank)

S. 27(1) (b) (i) of the Nigeria Deposit Insurance Corporation Act No. 22 1988.

1. That I the
(Name) (Status)
and an authorised signatory of a Company incorporated
(Name of the Company)
under the Laws of Nigeria and carrying on business at
(Registered Office of the Company)
.....

2. That by a resolution of the Board of Directors of the Company dated ___ day of _____ 20__
I am authorised and empowered to make this affidavit and depose to these facts for and on behalf of the
Company. (Copy of resolution is attached and marked Annexure A1).

3. That the company maintains accounts(s) with the closed
(Number of Accounts) (Name of Closed Bank)
.....

4. That I have been duly authorised to received from Nigeria Deposit Insurance Corporation (NDIC)
any dividend declared of the company's uninsured deposit up to a maximum of ₦50,000.00.

5. That I Depose to this affidavit in good faith and in accordance with the Oaths Act of 1963.

.....
Name and Signature

.....
Designation / Status

Sworn to at the high court registry
this _____ day of _____ 20__

BEFORE ME