

FORM IBLIR- KCB CLAIM/RETENTION
KENYA DEPOSIT INSURANCE CORPORATION
CLAIM FOR PAYMENT OF DEPOSITS (In Duplicate)

I. CUSTOMER DETAILS

Date: _____

Bank/Financial Institution IMPERIAL BANK LIMITED (IN RECEIVERSHIP) (IBLIR)

Depositors Name (s) _____

Address _____ Telephone No _____

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

Email Address _____

Legal representative (if applicable) _____ Address _____

Telephone No. _____

II LIST OF ACCOUNTS HELD as at 30th June 2018 (To be confirmed by KDIC)

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

III. PAYMENT INSTRUCTIONS¹ (All Payments to be in Kenya Shilling equivalent)

| | | | |
|--------------|----------------------------------|-----------------------------|--|
| Pay to Bank: | Kenya Commercial Bank Ltd | Branch Name | |
| Account Name | | Account Number ² | |

IV. DEPOSITOR'S PHOTO(S) AND SIGNATURE(S) - NB: Signatures appended as per mandate held at IBLIR

| | | | |
|-------------------|-------------------|-------------------|-------------------|
| Affix Photo | Affix Photo | Affix Photo | Affix Photo |
| <i>Name:</i> | <i>Name:</i> | <i>Name:</i> | <i>Name:</i> |
| <i>Signature:</i> | <i>Signature:</i> | <i>Signature:</i> | <i>Signature:</i> |

¹ Where a claimant does not have an account in KCB, he /she will be expected to open one under the guidance of the officials of a KCB Branch of their choice

² If the account has lapsed to inactivity or dormancy the account holder will be guided at the account-domicile branch on the procedures to follow in order to activate the account

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

| | | | |
|----------------------------|--|----------------------------|--|
| Verified by (Name): | | Verified by (Name): | |
| Signature | | Signature | |

KDIC USE ONLY

| | | | |
|----------------------------------|--|------------------------------------|--------------|
| Claim Verified by (Name): | | Claim Authorized by (Name): | |
| Signature | | Signature | |
| Amount Approved/Rejected | | | Date: |