

DEPOSIT INSURANCE BOARD DEPOSITORS CLAIM FORM

IN THE MATTER OF MBINGA COMMUNITY BANK PLC (UNDER LIQUIDATION)

CLAIM FOR REIMBURSEMENT OF INSURED DEPOSITS The Director Deposit Insurance Board (the Liquidator of Mbinga Community Bank Plc) 2 Mirambo Street, 11884, Dar es salaam, Tanzania									
1.	1. Claim details								
	I								
	(Amount in TZS)								
	Accoun	t Tittle	Account No.	Principal	Interest	Tax	Claim Amount	Remarks	
	TOTAI								
2.	Obligations for set off								
2.	I owed Mbinga Community Bank PLC (Under Liquidation) the sum of TZSas at as at								
3.	Preferred Mode of Payment (Choose one)								
	(a) Bank Transfer								
	Transfer to my account number BranchSwift Code (b) Cash								
4. Authorization and Acknowledgement									
	(i) I hereby authorize the Deposit Insurance Board (Liquidator of Mbinga Community Bank PLC (under liquidation)) to credit TZS								
	(Amount in we in my account whose details are provided in paragraph 3 (a) above. This amount is a full and final settlement of the insured dep representing an aggregated balance of my accounts less my obligations to Mbinga Community Bank PLC (under liquidation).								
	(ii)						(Amount figure		
5.	Account	Account Card No.							
6.	Personal	Personal Identification Card No							
7.	Address (Contacts)								
8.	Declaration I hereby declare that the above stated information is true to the best of my knowledge.								
NameDateDate									
NameDateDate (2 nd signature is needed if joint account)									
Note: The reimbursement of insured (protected) deposits by the Deposit Insurance Board (DIB) is to the extent of TZS 1,500,000 per depositor per bank in the same right and capacity in terms of the Banking and Financial Institutions Act, 2006									