



**DEPOSIT INSURANCE BOARD  
DEPOSITORS CLAIM FORM**

IN THE MATTER OF FBME BANK LTD (UNDER LIQUIDATION)

**CLAIM FOR REIMBURSEMENT OF INSURED DEPOSITS**

The Director  
Deposit Insurance Board  
2 Mirambo Street,  
11884, Dar es salaam, Tanzania

**1. Claim details**

I..... (Depositor's full names (three))

Do hereby claim reimbursement of my insured deposits as follows:

Account Title	Account No.	Deposit Balance	Outstanding Loan	Net Amount (Deposit Balance - Loan outstanding)	Reimbursable Amount	Remarks

**2. Preferred Mode of Payment (Choose one)**

(a) Bank Transfer

Transfer to my Account Named..... Account Number.....

Bank..... Branch.....Swift Code .....

(b) Cash

**3. Authorization and Acknowledgement**

(a) I hereby authorize the Deposit Insurance Board to credit TZS ..... (Amount in figures)

(Amount in words).....

..... in my account whose details are provided in paragraph 2 (a) above.

(b) I hereby acknowledge receipt of a sum of TZS..... (Amount figures)

(Amount in words).....

4. Account Card No. ....

5. Personal Identification Card No. ....

6. Address (Contacts)..... Telephone No.....

**7. Declaration**

I hereby declare that the above stated information is true to the best of my knowledge.

Name. .... Signature .....Date .....

Name. .... Signature .....Date .....

(2<sup>nd</sup> 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**