



CLAIM FOR PAYMENT OF DEPOSITS - INDIVIDUAL DEPOSITOR (MINORS)

SN: DPF/MERCANTILE/CLM/IA/MINORS

PART 1 - CLAIM BY DEPOSITOR

Name of Depositor:

Contact telephone No.:

1. Protected Deposit Amount (Not exceeding UGX 10 million) as at June 18, 2024:

.....

2. Payment

Bank name: Branch:

Account Name: Account No. :.....

OR

Mobile Money Number..... (For Amounts below UGX 1 million).

3. Attach the following registered and certified documents that are applicable:

National Identification Number (NIN) **OR** Passport **OR** Certified copy of the Birth Certificate of the Child.

Original National Identification Cards of Parent, Guardian or Signatory to the Account.

4. I, hereby confirm that the information provided is true and accurate to the best of my knowledge and belief. I understand the importance of the accuracy of the information and take full responsibility for any consequences that may arise due to inaccuracies.

5. Claimant's /Representative's: Signature:Date:

(N.B. Where a claimant sends a representative, the representative should have an introduction letter from the claimant)

PART 2 - FOR OFFICIAL USE ONLY

Total protected deposits to be paid:

DOCUMENTS RECEIVED BY

Name:

Signature:

Date: