



CLAIM FOR PAYMENT OF DEPOSITS – SACCO ACCOUNTS

SN: DPF/MERCANTILE/CLM/SACCO

PART 1 - CLAIM BY DEPOSITOR

Company Account Name:

Contact telephone No.:

Registration No.:

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

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2. Payment

Bank name: Branch:

Account Name: Account No. :

3. Attach the following documents;

- Letter confirming the account name in Mercantile Credit Bank Uganda Limited, and signatories to the account(s).
- A registered resolution of the SACCO indicating the bank account to which the deposit should be paid.
- Certificate of registration of the SACCO.
- Constitution or Bye Laws of the SACCO.
- Copies of the valid original National Identification Cards of signatories.

4. We/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: