



CLAIM FOR PAYMENT OF DEPOSITS - COMPANY ACCOUNTS

EFC UGANDA LIMITED (IN LIQUIDATION)

SN: DPF/EFC/CLM/CA

PART 1 - CLAIM BY DEPOSITOR

Company Account Name:

Contact telephone No.:

Registration No.:

1. **Protected Deposit Amount** (*Not exceeding UGX 10 million*) as at **January 19, 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 EFC Uganda Limited, and the names and signatures to the signatories to the account(s).
- A registered Board resolution indicating the bank account to which the deposit should be paid.
- Certificate of Incorporation and Location of the Company.
- Memorandum and Articles of Association.
- Copies of the valid original National Identification Cards of signatories.

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: