



CLAIM FOR PAYMENT OF DEPOSITS - JOINT ACCOUNTS

EFC UGANDA LIMITED (IN LIQUIDATION)

SN: DPF/EFC/CLM/JA

PART 1 - CLAIM BY DEPOSITOR

Joint Account Name:

Contact telephone Numbers:

Name and National Identification Numbers:

1.

2.

3.

1. **Protected Deposit Amount** (*Not exceeding UGX 10 million*) as at **January 19, 2024:**

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2. Tick the preferred payment options

Mobile Money (Registered Number in depositor's name)

Bank Account

Bank name: Branch:

Account Name: Account No.....

3. Attach the following documents;

Copies of valid original National Identification Cards of signatories.

Resolution signed by all account holders indicating how payment shall be effected.

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:**

PART 2 - FOR OFFICIAL USE ONLY

Total protected deposits to be paid:

DOCUMENTS RECEIVED BY

Name:

Signature:

Date: