



CLAIM FOR PAYMENT OF DEPOSITS - INDIVIDUAL ACCOUNTS
EFC UGANDA LIMITED (IN LIQUIDATION)

SN: DPF/EFC/CLM/IA

PART 1 - CLAIM BY DEPOSITOR

Depositors Account Name: Gender: Male Female

Tel No.: Identification No. (NIN - *Attach copy of ID*):

1. Protected Deposit Amount (Not exceeding UGX 10 million) as at January 19, 2024:
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2. Preferred mode of payment

a) **Mobile Money** Registered Number (in depositor's name)

b) **Alternative Bank**

Bank name: Branch:

Account Name: Account No. :

3. 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.

4. Claimant's Signature: **Date:**

PART 2 - VERIFICATION BY PAYOUT AGENT

5. FOR OFFICIAL USE ONLY

Total protected deposits to be paid:

CLAIM VERIFIED BY

Name:

Signature:

Date:

PART 3 - ACKNOWLEDGEMENT OF RECEIPT OF CASH

Protected deposits received by: Name:

Signature:

Date: