



**IN THE MATTER OF FBME BANK LTD**  
**LIQUIDATION PROCEEDS CLAIM FORM**

The Director,  
Deposit Insurance Board,  
2 Mirambo Street,  
11884 Dar es Salaam.

**1. Claim details**

I/We ..... (depositor's name) of P.O. Box .....  
(Address) do hereby claim payment of my deposits, above the protected deposits of TZS 1,500,000 as follows:

S/N	Account Name	Account No:	(Amount in TZS/USD/EURO)	Remarks
			Amount claimed	

**2. My Statement on proof of the claim**

I/We ..... claim the sum of TZS/USD/EURO ..... from  
FBME Bank Ltd as at 8<sup>th</sup> May 2017 when the bank was placed under liquidation.

**3. Declaration**

I/We hereby declare that the above-stated information is true to the best of my/our knowledge.

**4. Acknowledgement**

I/We hereby acknowledge receipt of a sum of TZS/USD/EURO .....  
..... (Amount in figures and words) as;

(a) A full and final settlement of my claim in the liquidation of FBME Bank Limited.

(b) .....% (percent) of my/our claim in the liquidation of FBME Bank Limited.

Name .....

Signature.....

Capacity.....

Date.....

ID Card no.....

Address (contacts).....