

CLAIM FORM FOR FIDELITY GUARANTEE

BRANCH POLICY NO. EXPIRY DATE

SECTION 1 - INSURED DETAILS

1. Full Name of Insured
2. Contact Details: (tel): (web):
ID NO: PIN NO:
(email):
(postal): (code): (town/ city):
3. Trade or Occupation

SECTION 2 -

4. Name of Defaulter and last known address
5. State date and the circumstances in which the default was discovered.
6. For how long and in what manner has the default been carried on and concealed ?
7. Has there been any previous irregularity in the defaulter's account? Yes No
If so, state nature of the same.
8. What is the amount of the default as at present ascertained?
9. Do you hold any security other than the above policy in respect of the defaulter ? Yes No
10. State as nearly as you can what salary, commission, or other remuneration or allowance may be due to him.
11. Has he to your knowledge any property, Furniture or other effects ? Yes No
If so state particulars :

DECLARATION

I/WE HEREBY declare that to the best of my / our knowledge and belief the foregoing particulars are true and correct.

Date _____ Signature & Rubber stamp if corporate _____