



DEPOSIT PROTECTION CORPORATION

DEMONETISATION CLAIM FORM

(Complete Part I - III Only)

I. (PERSONAL DETAILS)

Name of Closed Bank

Account Number(s)

Name of Account Holder

Account Holder's ID Number

Account Holder's Address

Telephone Number

Email Address

Account Type

Next of Kin: Name & Tel. Number

II. (ACCOUNT DETAILS)

1. Total Deposits Claimed

III. PAYMENT INSTRUCTIONS

Please Pay By: (Tick one option)

a) Mobile Money Transfer Ecocash (Registered Number)

b) Cash

c) Direct Credit To My Bank

Bank Name Account Holder's Name

Branch Name.....Account Number

Signature (CLAIMANT) Date

IV. (FOR OFFICIAL USE ONLY)

Amount Payable

Claim Verified By : Name Signature Date

Approved for Payment By: Name Signature Date.....

Physical Address:
 Evelyn House
 26 Fife Avenue
 Cnr Blakiston Street
 P. O. Box 7390, Harare
 ZIMBABWE.

Contact Details:
 Telephone : +263 4 250 900-1
 +263 4 252336/460
 +263 4 251040-44
 Fax: +263 4 252337
 Email: claims@dpcorp.co.zw

PROTECTING YOUR DEPOSITS

Once completed, please scan and email to claims@dpcorp.co.zw