

FIDELITY GUARANTEE CLAIM FORM

PRIVATE AND CONFIDENTIAL

Branch Policy No.....Claim No.....

1. Name and address of Insured	
2. Name of Defaulter and last known address	
3. State date and the circumstances in which the default was discovered.	
4. For how long and in what manner has the default been carried on and concealed?	
5. Has there been any previous irregularity in the Defaulter's account? If so, state nature of same	
6. What is the amount of the default as at present ascertained?	
7. Do you hold any security other than the above policy in respect of the Defaulter?	
8. State as nearly as you can what salary, commission, or other remuneration or allowance may be due to him/her.	
9. Has he/she to your knowledge any property, furniture or other effects?	

I/WE declare that the above statements are fully and truly made to the best of my/our knowledge and belief.

Date.....20.....

Insured's Signature.....