

FIDELITY GUARANTEE CLAIM FORM

Branch

Policy No.

Claim No.

1. Name of Insured

Address of Insured

2. Name of Defaulter's

Defaulters last known address

3. State date with default was discovered

State the circumstances in which the default was discovered

4. (a) For how long has the default been carried on and concealed?

(b) In what manner has the default been carried on and concealed?

5. Has there been any previous irregularity in the Defaulter's account? Yes No

If so, state the 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? Yes No

8. State as nearly as you can what salary, commission, or other remuneration or allowance maybe due to him

9. Has he to your knowledge any property, furniture or other effects? Yes No

I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise

Date

Insured's Signature _____