

## FIDELITY GUARANTEE CLAIM FORM

**Branch:** \_\_\_\_\_ **Broker:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

1	Insured's name and address.	
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 defaulters 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.	
9	Has he to your knowledge any property, furniture or other effects?	

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_