



**PROOF OF DEBT FORM**

Please complete this form in block capital letters in its entirety and return it to us so that we may process your claim. This information will be used to send correspondence to you/your company which could be of a general or confidential nature.

Name of Creditor/Depositor/Customer/Client				
<input type="checkbox"/> Company	Full Name of company:			
<input type="checkbox"/> Individual	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Contact Person (If Company):	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Address:				
Street:		Apt. #:	P.O. Box:	
City:	State:	Country:	Postal Code:	
Email Address of Contact:				
Telephone Number of Contact:			Fax Number of Contact:	
Amount of Claim (Principal and Interest if any):				
Currency:	Amount:	Amount in words:		
Summarize the basis of the claim (attach additional documentation to support your claim):				
Particulars (including valuation) of any security held including a list of relevant documentation:				
<b>IMPORTANT:</b> Details of supporting documents required for each category of claim are attached. Please Note: If you do not supply all information requested the Joint Official Liquidators may not be able to fully review your claim. This may result in the rejection of part or your entire claim.				

I/We CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I/We undertake that, I/We will notify the Joint Official Liquidators of any material changes affecting the completeness of details provided above.

I/We also hereby AUTHORISE the Joint Official Liquidators to make such enquiries and seek such further information as they think appropriate in verifying the information given in this Proof of Debt form, or in any other documents submitted as part of this claim.

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

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

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Loyal Bank Limited - In Liquidation

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