FIDELITY GUARANTEE CLAIM FORM

CLAIM No _____

Policy No. ..... Person Guaranteed .....

I/We the undersigned hereby declared that the following statement is a full and complete account of the defalcations of the above-named, after allowing for an amount of N _____ representing salary, and/ or ommission, and/or expenses, and/ or pension or Superannuation Refunds, and/ or other monies due to the said _____ and I/ We claim the sum of N _____ under the above Policy.

Signature _____ Address _____

_____ 19 _____

PARTICULARS OF SUMS RECEIVED AND NOT ACCOUNTED FOR

Receipts which have been obtained from the Customers should be exhibited to the Company, and where the Defaulter is a Traveller, his Cash Sheets and Receipt Books for the period over which the defalcations have extended should be produced with this Claim Form if required.

Where the amount of the embezzlements has been certified by a qualified Accountant, his report should accompany the claim.

Date When received by Defaulter	Date when advised by Defaulter	If not advised, date when first known to Employer	Number of Customer's receipt if special form used	NAME AND ADDRESS OF CUSTOMER OR CLIENT	Discount or Allowance made		Net Amount of Cash received	
					₦	K	₦	K

Date When received by Defaulter	Date when advised by Defaulter	If not advised, date when first known to Employer	Number of Customer's receipt if special form used	NAME AND ADDRESS OF CUSTOMER OR CLIENT	Discount or Allowance made		Net Amount of Cash received	
				Brought Forward	₦	K	₦	K

		Less (due to defaulter):		N				
		Salary		N				
		Commission		N				
		Expenses		N				
		Pension Refunds		N				
		Other Monies		N				
				N				

If there is not sufficient room on this form to detail the items, further forms will be supplied.

The Company does not admit liability by the issue of this form