



Cheque Guarantee Claim Form

Date _____
Merchant name _____
Branch number (if applicable) _____

Details of dishonored cheque

City/Town _____
Code _____
ID number _____
Company registration number (if applicable) _____

The following is to accompany this claim form when submitted:

1. A copy of the applicable cheque guarantee consent note.
2. A copy of the RD cheque(s).

FOR OFFICE USE ONLY

Pay out approved or declined _____
Remarks _____

Pay out or off-set _____
Due date _____

Authorized signature

Date