



Reference

**BANK OF CREDIT AND COMMERCE INTERNATIONAL (OVERSEAS) LIMITED
(IN LIQUIDATION)**

PO BOX 1359
FORT STREET
GEORGE TOWN
GRAND CAYMAN
CAYMAN ISLANDS
BWI

To: Known potential creditors of BCCI (Overseas) Ltd

This Proof of Debt form must be completed for your claim to be accepted in the liquidation. It is essential that you complete the form fully and sign and date the Declaration on **page 4**.

**PROOF OF DEBT
OTHER CLAIMS (INCLUDING EMPLOYEES)**

THIS PROOF OF DEBT FORM IS YOUR CLAIM FORM

**BEFORE COMPLETING THIS PROOF OF DEBT FORM PLEASE READ
THE FOLLOWING INSTRUCTIONS**

**DEPOSITORS should receive and complete a separate Proof of Debt form for each account held.
If you do not complete this form correctly your claim may be rejected.**

1. The Proof of Debt form should be returned in the envelope provided to the above address postmarked **no later than 30 June, 1992**.
2. This form should be completed in English and in ink or typed. Please use BLOCK CAPITALS.
3. This Proof of Debt form is **only** for claims against ONE BRANCH of BCCI (Overseas) Ltd. If you have other accounts with or claims against BCCI (Overseas) Ltd, Questions 4 and 5 overleaf should be completed and separate Proof of Debt forms must be completed for other branches or claims.
4. If you have a Deposit account with the branch, you should have received a separate Proof of Debt form for this account which should be completed and returned. In this case you do NOT need to complete Section A in the attached form. However, you should note that you must submit a separate Proof of Debt form for each Deposit account and, if you have not received the separate Proof of Debt form, please complete Section A.
5. If you do not have enough space to answer a question fully, please use the additional space set out in **Appendix Five**. Attach additional sheets if necessary.
6. You must answer all of the questions — **do not** leave a blank. If the answer is "No", "None" or "Not Applicable" you should say so.
7. If the claim is being made on behalf of the creditor (eg. by an Agent, Trustee or Representative) originals or official copies of the appointment **must** be provided.
8. If you need further copies of this form, please contact the above address.
9. In order to meet the requirements of the Department of Justice of the United States of America, further information may be requested. If relevant you will be contacted for this additional information.



1 Name and address of Creditor

Country _____

2 Telephone number for contact

3 Name and address of branch of BCCI (Overseas) Ltd where accounts held or the creditor is claiming

Country _____

4 Does the Creditor owe money to any branch of BCCI (Overseas) Ltd, including credit card account balances?

Yes No

If "Yes", please give full details in **Appendix One**.

5 Is the Creditor making any other claims on any branch of BCCI (Overseas) Ltd?

Yes No

If "Yes", please give full details in **Appendix One** and indicate reference numbers of claims, if known.

6 Did BCCI (Overseas) Ltd give, charge or pledge or otherwise secure any of its property to the Creditor as security for repayment of the debt?

Yes No

If "Yes", please estimate the value of the security:

Amount _____

Currency _____

If the branch providing the security is NOT the branch noted in Question 3, please supply details in **Appendix Five**.

SECTION A - DETAILS OF DEPOSITS

THIS SECTION SHOULD BE COMPLETED IF YOU ARE CLAIMING FOR A BANK ACCOUNT, eg CURRENT ACCOUNT, DEPOSIT ACCOUNT OR OTHER DEPOSIT.

A1 Account number

If you have more than one account please list all your account numbers in **Appendix One**. YOU WILL NEED TO COMPLETE ONE PROOF OF DEBT FORM PER ACCOUNT.

A2 Type of account (eg. current, deposit)

A3 Name of Account

If the account is a Partnership account or a joint account you must give full details of all partners and other joint account holders in **Appendix Three**.

A4 Please state the amount claimed, both as at 5 July 1991 and as at 14 January 1992, as follows:

	5 July 1991	14 January 1992
(a) Balance per latest statement (please enclose a copy)	<input type="text"/>	<input type="text"/>
(b) Items not shown on latest statement (give details at Appendix Two)	<input type="text"/>	<input type="text"/>
(c) Net Total ((a) and (b))	<input type="text"/>	<input type="text"/>
Currency	<input type="text"/>	

A5 Has the Account Holder made any claim(s) under a Deposit Protection Scheme or other compensation scheme?

Yes No

If "Yes", please give the following details.

Name of scheme(s)* _____

Amount(s) received* _____

* We need to know the amount(s) received by each individual from each scheme. Please use **Appendix Five** if you need more space.



ATTENTION:

If your only claim is in relation to a bank account, please complete the Declaration on **page 4**.

If you have any other claim in respect of a debt other than a bank account please now complete:

SECTION B if the claim is in respect of employment, and/or **SECTION C** for **Other Claims (excluding bank accounts and employment claims)**.

SECTION B – EMPLOYEES

B1 If the claim is in respect of Employment, please complete the following information and PROVIDE FULL DETAILS OF THE CALCULATION IN **Appendix Five**.

(a) Arrears of salary to 14 January 1992 or at date of termination of employment

(b) Accrued holiday pay to 14 January 1992 or date of termination of employment

(c) Outstanding severance/redundancy payment

(d) Outstanding payment in lieu of notice

(e) Amount of other claims

(f) Total claim ((a) to (e) above)

Currency

Location employed

Payroll number (If applicable)

B2 Loans, Mortgages or Advances. Does the Creditor have any outstanding loans, mortgages or advances from any branch of BCCI (Overseas) Ltd?

Yes

No

If "Yes", please ensure that you have completed **Appendix One**.

SECTION C – OTHER CLAIMS

C1 Amount of claim

At 5 July 1991	At 14 January 1992
----------------	--------------------

Currency

C2(a) Description of the debt and date(s) on which incurred

(b) Please provide all relevant documentation to support the claim and list the documentation provided in **Appendix Four** (e.g. copy invoices, proof of delivery, receipts).

C3 Has the Creditor received any payments on account in respect of the claim?

Date	Amount	Currency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

C4 Is the Creditor in correspondence with the liquidators?

Yes No

If "Yes", state department and correspondent or liquidators reference in **Appendix Five**.

ATTENTION:

Please now complete the declaration overleaf.



DECLARATION

THE DECLARATION MUST BE EXECUTED.

All signatories should ensure that they have read the Proof of Debt form before signing it. If you knowingly give false or misleading information on this claim form you may be liable to Criminal Prosecution. ALL CLAIMANTS, INCLUDING THOSE ACCOUNT HOLDERS IDENTIFIED AT APPENDIX THREE MUST EXECUTE THE DECLARATION.

I/We declare that, to the best of my/our knowledge and belief, the information provided in the attached Proof of Debt form, together with the attachments thereto, is complete, accurate and not false or misleading.

I/We consent to the information provided herein and any other information relating to this claim being made available to any part of BCCI (Overseas) Ltd and its local liquidators or equivalent officers and to this extent rights of banking secrecy and confidentiality are waived accordingly.

Name of creditor/s (print)	Country of Residence	Signature	Date
1			
2			
3			
4			

For completion only in respect of CORPORATE or COMPANY creditors

If the claim is made by a corporate entity, this form should be executed in accordance with the constitution and laws of incorporation of the corporate entity. Evidence of proper execution should be provided (eg notarisation, official copies of extracts from constitution document).

Company name (if applicable)	Country of incorporation
Duly Authorised Signatory	Company Seal (if applicable)
1. Signature Name (print) Date	
2. Signature Name (print) Date	

If you have signed on behalf of the creditor, please state your name, the capacity in which you act and provide evidence of your capacity to act.

1. Name (print) Capacity
2. Name (print) Capacity
3. Name (print) Capacity
4. Name (print) Capacity



**APPENDIX THREE
DETAILS OF PARTNERS/JOINT ACCOUNT HOLDERS**

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

Surname _____
Forenames _____
Address _____
Country _____

