FONDS DE GARANTIE DES DÉPÔTS ET DE RÉSOLUTION
Votre argent est protégé

CLAIM FORM

Please send your claim with sufficient postage by registered mail with acknowledgement of receipt to the following address:

FGDR electronic conversion centre address

Claimant identification and contact information:

Bank *for which this claim is submitted*: ……
FGDR file reference *at the top of each letter sent by the FGDR*: ……

Mr ☐ Ms ☐ Surname: …… First name: ……..
Address: ……
Postal Code: …….. City: …… ……
Fixed-line telephone: …… Mobile telephone: ……..
E-mail address: ……@……
Company name *(if legal entity)*: ……
SIREN/SIRET, Trade Register No. *(if legal entity)*: ……..

Other person representing the customer:

Mr ☐ Ms ☐ Surname: …… First name: ……
Relationship *(parent, child, legal guardian, etc.)* or role for the claimant *(legal representative, etc.)*: ……
Address: ……
Postal Code: …… City: ……
Fixed-line telephone: …… Mobile telephone: ……
E-mail address: ……@……

Reason for the claim:

☐ You were not considered entitled to compensation
☐ You disagree with the compensation amount
☐ Other reason

Please explain the reason for the claim:

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CLAIM FORM

Please explain the reason for the claim (cont.):

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The following documents must be attached to all claims:

- Proof of identity (identity card, passport)
- Proof of address (rent receipt, property owner costs, EDF, GDF or telephone bill)
- Last bank statement received from the failed bank
- For legal entities, Kbis certificate, registration certificate, SIREN/SIRET (for associations, Articles of Association and deliberations of the competent body)
- Proof of bank transactions in case of disagreement with the compensation amount
- Any other appropriate document

Date: **Signature:**

Please send your claim with sufficient postage <u>by registered mail with acknowledgement of receipt</u> to the following address:

FGDR electronic conversion centre address

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